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AMERICAN JOURNAL OF INSANITY.

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No. 1.

ARTICLE I.

THE INSANITY OF KING GEORGE III.

*Read before the Association of Superintendents of Insane Hospitals,
May 22, 1855.*

BY DR. RAY, OF BUTLER HOSPITAL, PROVIDENCE, R. I.

To the mere pathologist, the insanity of a prince is not more interesting than that of a peasant; but to the historian, to the medical jurist, to all who are engaged in the care of the insane, the attacks of George III. are invested with peculiar interest. He was a prominent figure in a period that teemed with great men and great events, whose memorials are yet around us; and twice the recurrence of his disorder gave rise to a degree of political feeling that has seldom been equalled, and to political discussions that settled forever a vital principle in the British constitution.

George III. had a moderate intellectual capacity, but an obstinate will. Of abstract speculation he was totally incapable, and philosophical views of any kind were beyond his reach. His theory of government began and ended in a firm maintenance of the royal prerogative, and the whole duty and privilege of the subject were comprised in the single precept, *Fear God and honor the King*. As a result, partly of defective training and partly of original inaptitude, he disrelished intellectual pursuits, but was fond of mixing himself up with the administration of affairs, even in the smallest particulars. Here he showed no lack of industry, nor of energy. He was a stranger to sensual passion, and in the common observances of life was a model of pro-

priety. He never forgot what he deemed an injury, and they who thwarted his wishes or opposed his measures were regarded as factious or dishonest. Always looking upon his eldest son as a kind of rival near the throne, "he hated him," says Brougham, "with a hatred scarcely consistent with the supposition of a sound mind." He was fond of music, and occasionally went to the theatre; but, with these exceptions, he sought for recreation solely in riding and walking, in looking after his farm, and in an easy intercourse with his family and dependents. Few men would have seemed less likely to be visited by insanity. His general health had been always good; his powers were impaired by none of those indulgences almost inseparable from the kingly station; he was remarkably abstemious at the table; and took much exercise in the open air. Insanity had never appeared in his family, and he was quite free from those eccentricities and peculiarities which indicate an ill-balanced mind.

Five times was George III. struck down by mental disease. The first was in the spring of 1765, when he was twenty-seven years old; the second in 1788; the third in 1801; the fourth in 1804; and the fifth in 1810. Excepting the last, from which he never recovered, the attacks were of comparatively short duration, none of them continuing very obviously beyond six months.

The particulars of the first attack were studiously concealed by his family, and its true character was not generally known at the time. There seems to be no doubt, however, that its symptoms were similar to those of the subsequent attacks. Shortly before, an eruption on the face, which had troubled him for some years, had so entirely disappeared, that it was supposed he had applied external remedies to repel it. This was followed by considerable cough and fever, and then by mental disturbance. In the course of a few weeks he completely recovered.

During the latter part of October, 1788, the King seemed to be not in his usual health. He had considerable pain in his limbs—felt weak—slept but little—was hurried and vehement in his manner. On the 22d he "manifested an agitation of spirits bordering on delirium," said his physician. A few days afterwards, on returning from a long ride, he burst into tears and said, "he wished to God he might die, for he was going to be mad." He kept about until the 4th of November, when he had an outbreak at dinner, and was consigned to the charge of attendants. During the first few days there was considerable constitutional disturbance, and it was feared he might not survive. One of Sheridan's correspondents says: "The doctors say it is impossible to survive it long,

if his situation does not take some extraordinary change in a few hours.

* * * * Since this letter was begun, all articulation even seems to be at an end with the poor King; but, for the two hours preceding, he was in a most determined frenzy." In the course of the succeeding night he had a profuse stool, then perspired freely and fell into a profound sleep. He awoke with but little fever, "but with all the gestures and ravings of the most confirmed maniac, and a new noise in imitation of the howling of a dog." He soon got calmer, and talked on religion and of being inspired, A day or two after, the same person writes: "This morning he made an attempt to jump out of the window, and is now very turbulent and incoherent." He also states that the king revealed some state secrets, much to the astonishment of Pitt.*

Miss Burney, afterwards Madame D'Arblay, was then in the personal service of the Queen, and in her "Diary," recently published, the progress of the attack may be traced with some degree of minuteness. The first night after the outbreak at dinner, she states, he was very restless, getting up and wandering into the Queen's room to see if she was there, and talking incessantly until he became hoarse, exclaiming, "I am not ill, I am only nervous." "He was never so despotic; no one dared oppose him. He would not listen to a word." Next night he got up and insisted on going into the neighboring room, where his equerries were. There he saw his physician, Sir George Baker, whom he called an old woman, and wondered that he ever took his advice, for he knew nothing of his complaint. From this time he rapidly grew worse. On the 12th and 13th of November he appeared considerably better, and continued so until the 20th, when he became as bad as ever. From this period his condition was variable—always more or less excited—rather petulant, if not irascible—scolding his gentlemen for slighting him. On the 29th of November he was removed to Kew, where were better opportunities for exercise. Through the month of December there was little, if any, change in his condition. During the first two or three weeks in January he became less irritable, was quite calm at times, and then would read and make sensible remarks on what he had read. From the latter part of the month he steadily improved. February 2d, Miss Burney accidentally saw him walking in the garden, and, to avoid meeting him, in compliance with the rules, ran off at full speed, and he after her, the physicians and attendants in full chase after him. She finally stopped until he came up, when he put his arms around her neck and kissed her. He talked incessantly, blurting out whatever came uppermost. "He seemed to have just such remains

* Moore's Life of Sheridan, p. 360. Amer. edition.

of flightiness as heated his imagination without deranging his reason, and robbed him of all control of his speech, though nearly in his perfect state of mind as to his opinions. * * * He opened his whole heart to me, expounded all his sentiments, and acquainted me with all his intentions." He declared he was as well as he ever was in his life—talked of the official situation of her father, of music, (when he undertook to sing,) and then of her friends. He said he was dissatisfied with his ministers, and showed a list of new ones he had prepared. On the 17th he received the Chancellor, on the 18th drank tea with the Queen, and on the 7th of March received the address of the Lords and Commons, in person.*

One of his first excursions was to a poor-house in the course of erection, of which he inspected every part, especially the rooms for lunatics, and expressed much satisfaction that such excellent accommodations were provided for persons laboring under the misfortune of insanity. During his convalescence, it is said, he passed much of his time in reading the debates on the Regency Bill.†

The King was attended, at first, by his own physicians, Sir George Baker and Dr. Warren, and they were, shortly after, joined by Sir Lucas Pepys, Drs. Reynolds, Gisborne and Addington, of whom the latter alone had given any special attention to the treatment of insanity, and he discontinued his attendance after a few days. They had all achieved professional distinction, but Warren enjoyed an undisputed preëminence. He was not only at the head of his profession in London, and deservedly so, but such were his talents and manners that he associated intimately with the leading men of the day,—Burke, Fox, Sheridan, &c.—and was appointed physician to the Prince of Wales. The attack not readily yielding, it was thought proper by the Queen and the ministers, who had the direction of these matters, to have the constant attendance of some one particularly skilled in diseases of the mind. Their choice fell on the Rev. Dr. Francis Willis. This gentleman was educated for the established church, and took charge of a parish in Lincolnshire. Having some knowledge of medicine, he was fond of prescribing for the medical as well as the spiritual wants of his people, and especially for mental diseases. He was soon regarded as very successful in this department of the healing art, and was so much resorted to, that he provided an establishment designed expressly for the treatment of the insane. He was much patronized by the higher classes, and for fifty-eight years he had never less than thirty patients under his

* *Diary and Letters*, ii. Phil., 1842.

† *Wraxall's Posthumous Memoirs of his own Time*, p. 520. Phil.

care. He was at this time seventy years old, but "seemed to be exempt from all the infirmities of old age, and his countenance, which was very interesting, blended intelligence with an expression of placid self-possession."* Miss Burney describes him as "a man of ten thousand, open, honest, dauntless, lighthearted, innocent and highminded." He joined the corps of physicians on the 6th of December, and took up his quarters in the palace.† In the consultation which settled their respective functions, Willis was to have charge of all the domestic and strictly moral management—in accordance, however, with such general views as had been agreed upon. The medical treatment was arranged in the morning consultation, and it was understood that Willis was to take no decisive measure, either medical or moral, not previously discussed and permitted. Pepys, Gisborne and Reynolds attended, in rotation, from four o'clock in the afternoon until eleven the next morning. Warren or Baker visited in the morning, saw the King, consulted with Willis and the physician who had remained over night, and agreed with them upon the bulletin for the day. Willis was soon joined by his son John, whose particular function seems not to have been very definitely settled. Willis professed to regard him as equal to himself in point of dignity and responsibility, but his colleagues considered him as merely an assistant to his father. Two surgeons and two apothecaries were also retained, each one, in turn, staying twenty-four hours in the palace. The personal service was rendered by three attendants, whom Willis had procured from his own establishment, and the King's pages,—one attendant and one page being constantly in his room.‡

* Wraxall, *ibid*, p. 447.

† Among the gossip of the court it was related that the "King asked Willis, when he entered the room, if he, who was a clergyman, was not ashamed of himself for exercising such a profession. 'Sir,' said Willis, 'our Saviour himself went about healing the sick.' 'Yes,' answered the King, 'but he had not £700 a year for it.'" Lord Malmesbury's *Diaries*, &c., iv, 317.

‡ The kind of supervision and attendance that was practiced during this illness, and which was the same, probably, in the subsequent attacks, would seem sufficient to have prevented the slightest abuse of trust; and yet the King told Lord Eldon that, in one of his attacks, but which it does not appear, he was knocked down by a man in the employ of some of his physicians. "When I got up again," he added, "I said my foot had slipped and ascribed my fall to that; for it would not do for me to admit that the King had been knocked down by any one." [Twiss, i.—"Public and Private Life of Lord Chancellor Eldon."] We learn nothing further respecting this fact, and are left in doubt whether it actually occurred, or originated in that intellectual or moral obliquity, (almost universal among the insane, but the exact nature of which has never been very well understood,) which leads them to exaggerate, distort and pervert much that falls under their observation, and to fabricate much that never occurred at all. This curious trait of mental pathology deserves to be closely studied, not only because it is curious, but because it will be found, I think, to have some important bearing on human veracity and human testimony in the normal state.

The medical treatment seems to have consisted chiefly of "bark and saline medicines." An alterative pill, containing a little calomel, was given him once. Once, and once only, blisters were applied—to the legs—but they occasioned considerable irritation and restlessness.

It was determined that the moral management of the King required strict seclusion from his family and ministers, and, as far as possible, from all other company. But nothing can more strikingly indicate the change that has occurred since that time, in respect to one means of managing the insane, than the fact that, for two or three months, the King was frequently subjected to mechanical restraint. There was nothing, however, in his condition which would be considered at the present time a sufficient reason for its application. He was not disposed to injure his person or his clothing, his attendants or his furniture. In the King's case—and this, no doubt, was an example of the ordinary practice—it was evidently used by way of discipline, as a means of subduing turbulence and increasing self-control. Willis said, in his second examination by the committee of the House of Commons, that when he took charge of the King, he was dissatisfied with the restraint which had been previously used, and for five days "endeavored to persuade and explain," that some more efficient method would be resorted to, unless there was a "ready compliance" with his wishes. The King seems to have been insensible to this kind of intimidation, and the new mode of restraint was applied, with the effect, as Willis states, of accomplishing the desired purpose more perfectly than before, being "more firm but not so teasing to the patient." It does not appear what means of restraint was used by Willis, or by the other physicians, but an incident related by Wraxall renders it probable that one of them was that time-honored implement which is still associated with the popular idea of insanity. While walking through the palace, during his convalescence, accompanied by an equerry, they observed a strait-jacket lying in a chair. The equerry, averting his look, as if to conceal some embarrassment, the King said: "You need not be afraid to look at it. Perhaps it is the best friend I ever had in my life."* This incident does not strengthen a favorite position of the advocates of non-restraint, that it leaves disagreeable impressions upon the patient's mind.

Of another fact respecting the King's treatment I cannot find a sufficient explanation. Between the 6th of December and the 13th of January he went out of doors but twice, and for a month previous not at all. Considering the form of the disorder and the facilities for exercise which the grounds afforded, this is certainly surprising. On one occa-

* Posthumous Memoirs, &c., p. 520.

sion, when the King had been promised a walk, Dr. Warren revoked the promise, because, as the day was cold, and the King had perspired freely in the night, there would be some risk of his taking cold.*

The political consequences of the King's illness proved to be of the deepest interest, whether we regard the magnitude of the questions at issue, or the men by whom they were discussed. The array of talent which distinguished the parliament of that period has never been equalled before or since. The interests of the administration were supported by Pitt, Thurlow and Wilberforce, while the forces of the opposition were led by Fox, Burke, Sheridan, Windham, Grey, Loughborough and North. During the two or three months that the struggle lasted, every weapon of argument, wit, ridicule and invective was used by the contending parties with a dexterity and vigor which such men only could display.

When the King's incapacity was announced, parliament immediately set about to provide a regency. All parties agreed that the Prince of Wales should be the Regent, but differed very widely as to the exact amount of authority and privilege he should receive. The whigs contended that he should exercise all the functions of the Sovereign precisely as if there were a demise of the Crown. The ministers, on the other hand, were determined to hamper the Regent with limitations and restrictions which would have shorn the regal office of much of its dignity and power. The real question at issue, therefore, was, which of the two parties that divided the country should possess the administration, and hence the violent party-spirit which characterized all the political proceedings of the time. The first step was to ascertain officially the exact condition of the King, and, accordingly, each House appointed a committee to examine his physicians. These committees performed the duty assigned them on the 10th of December, and their reports were laid upon the table a few days afterward.

To each physician was put the following questions: "Is his Majesty incapable, by reason of the present state of his health, of coming to parliament, or of attending to public business? What hopes have you of his recovery? Is your answer to this question founded upon the particular symptoms of his Majesty's case, or your experience of the disorder in general? Can you form any judgment or probable conjecture of the time his Majesty's illness is to last? Can you assign any cause for his illness? Do you see any signs of convalescence?" The replies to these questions evince a knowledge of insanity quite creditable to men not expressly devoted to this branch of the science—one that

* It appears that on that night the restraint had not been removed at all.

would hardly be expected by us who witness so frequently the remarkable discrepancies of opinion that characterize the reports of medical commissions, albeit they may include men whose names are not entirely unknown to fame. The replies also evince a certain kind of discretion and reserve worthy of all imitation on the part of those who are called upon for professional opinions. Few medical witnesses succeed, as most of these gentlemen did, in hitting that happy medium between saying too much and saying too little. They all expressed strong hopes of the King's recovery, because the majority of patients actually do recover, and they saw nothing particularly unfavorable in his case. None of them saw any signs of convalescence, and, with one exception, none of them pretended to assign causes or limits to his disorder. Willis said he would recover within a few months, and thought the attack was produced by "weighty business, severe exercise, too great abstemiousness, and little rest." The other physicians were as well aware as Willis, no doubt, of these facts in the history and habits of the King, and possessed better opportunities than he had of knowing how far they had affected his mind, but refrained from assigning them as causes of the disorder. Willis's opinion, though confidently uttered, was merely a speculation, resting on no very substantial grounds. The King's business had not been weightier than usual, and though fond of exercise, there is no evidence that he carried it to a degree incompatible with its proper object, the promotion of health. His abstemiousness consisted merely in avoiding that excessive indulgence in the pleasures of the table which was common among the higher classes of that period, and was practiced by him for the purpose of warding off disease. The want of sleep was probably one of the effects rather than a cause of his mental affection. Whether the committee were satisfied with Willis's theory does not appear; but most of them probably were, like the rest of the world, curious to learn the cause of the attack, but readily satisfied with elaborate phrases and dogmatic assertions.* Sheridan, however, saw in it a fair mark for his wit, and he was not the man to neglect an opportunity of that kind. Willis had stated, in proof of the correctness of his opinion, that the medicine which had been given to his Majesty ever since Sunday morning, in order to meet and counteract those causes, had had as much effect as he could wish, and "his Majesty had certainly been gradually better from the first six hours of his taking it." The

*Just previous to the attack an eruption on the legs, of some duration, had suddenly disappeared. This incident, considered in connection with a similar one in the first attack may be fairly regarded as a more efficient exciting cause than any one of those mentioned by Willis, and yet he overlooked it altogether. Adolphus' Hist. of England, i, 75.

orator said that, when he heard Dr. Willis assert that his *physic* could, in one day, “overcome the effects of seven and twenty years’ hard exercise, seven and twenty years’ study, and seven and twenty years’ abstinence, it was impossible for him to keep the gravity fit for the subject. Such assertions put him in mind of those nostrums that cure this and that, and also disappointments in love and long sea-voyages.”* †

The policy of the cabinet was to make it appear that the King’s illness would be of short duration, and let it be implied, as an obvious consequence, that the measure of appointing a regent should not be precipitated. On the other hand, the policy of the whigs was to represent the disorder as incurable, or, at least, of very uncertain duration, and therefore that the sooner the regency was established the better for the country. In this view they received but feeble support, certainly, from the examination of the physicians; but Warren, who was high in the councils of the whig party, had privately encouraged the idea that the King would never recover. True, in his examination just referred to, and also in the examination on the 7th of January, he expressed as much confidence as the others in his ultimate recovery. The fact furnishes a striking illustration of the distorting influence of party-spirit, even upon the views of scientific men on scientific subjects. Willis, who always professed to be quite sure of the King’s recovery, and was equally high in the estimation of the other party, inspired the administration with confidence in the policy they had adopted. Every occurrence at Kew was whispered about in political circles, before it was many hours old, colored and exaggerated, of course, by the prevalent hopes and fears. The names of Warren and Willis became as familiar as household words, and even served as rallying points for the two great parties that divided the country. In less than a month from the first examination, both parties were equally ready for another, and equally confident of deriving political capital from the result. For this purpose the Commons appointed a select committee, which commenced its sittings on the 7th of January, and made their report, 400 folio pages long, on the 14th.‡

* The Par. Debates on the Regency are contained in the 27th vol. of Hansard.

† The fact that the medicine referred to—which was simply Peruvian bark—was determined upon in the consultation of the whole corps of the King’s physicians, and that no other observed any improvement in his condition, gives additional pungency to the ridicule, while the whole incident throws much light on Willis’s character.

‡ The report of the first examination may be found in the parliamentary debates and annual registers of the time, but not so this, which long eluded my search, until found in a collection of pamphlets, entitled, “History of the Regency,” published by Stockdale, and brought to my notice by the librarian of Brown University, Mr. Guild. From this report chiefly I have obtained all that seemed worth preserving respecting the management of the King.

The same questions as before were put to the physicians, and were followed by the same replies, except that Willis, when asked if he had observed any signs of convalescence, replied affirmatively. The greater part of the examination was directed to matters having only an incidental connection with the King's condition,—the communications sent from Kew to the ministers and other leading characters, the domestic arrangements of the palace, the dissensions of the physicians, the merits and proceedings of the Willises,—to anything, indeed, calculated to strengthen one side or weaken the other. Upon the signs of recovery or convalescence the examination was particularly searching, because, more than anything else, they determined the political movements of the day. Willis, when asked if he saw any present signs of convalescence, replied: "About a fortnight ago, his Majesty would take up books and could not read a line of them; he will now read several pages together, and make, in my opinion, very good remarks upon the subject. I think, in the main, his Majesty does everything in a more rational way than he did, and some things extremely rational." (This trait had been observed for the last five or six days, the books having been selected by the King, and read aloud.) To the same purpose, he also stated that his patient was less frequently and less intensely excited, and less frequently required restraint. Beyond the simple acknowledgment that he was more quiet, the other physicians were not disposed to go, in regard to the signs of convalescence. They denied that he had appeared rational, even for a moment, but none of them had happened to see the King reading, and they were not disposed to take any fact of Willis's observing as a ground for their opinions. His constant attendance gave him an advantage over his colleagues; for it enabled him to see for himself much that they would never know at all, or only at second hand; and such observations, we are all very well aware, sometimes leave a stronger impression on the mind than the most definite and tangible facts communicated by others.

Willis's character, conduct and practices were subjected to a very searching scrutiny, not more for the purpose of obtaining information than of torturing every incident into matter of censure against himself or his employers. It cannot be denied that he gave his adversaries abundant opportunities of this kind; for, with all his experience, and the frost of seventy years on his head, he had not a philosophical turn of mind, nor the power of concealing his deficiency by a prudent reserve. He had stated that nine out of ten of his patients recovered under his hands, but he was unable to tell how many he had received or how many he had cured. When further pressed, he said that the ground of his

calculation was the fact that his first fifteen patients were cured, and that, subsequently, several instances occurred of ten going away together radically cured! The declaration of his colleagues respecting this alleged success—that it required other evidence than his bare assertion—was not calculated to restore the harmony which had been so thoroughly disturbed. He was obviously very restive under the unusual restrictions imposed upon him. To be associated on equal terms with some half-dozen other physicians, equal to himself in professional eminence, and more than his equals in general culture, he found a very different position from that of controlling an establishment where his simple word was law. He felt—very correctly, no doubt—that a great obstacle to the King's recovery consisted in his being obliged to see so many different persons, under circumstances calculated to excite strong emotion. He was actually disturbed, and sometimes even prevented from sleeping, by the visits of so many medical men—never less than half a dozen every day—and, accordingly, Willis, "thinking it his duty," as he says, "to do for his Majesty what he should do for any private gentleman," put up a written notice that no person should be admitted into his Majesty's rooms without permission of himself or son. For this order, which was more easily given than enforced, for none of his colleagues seem to have regarded it, he was severely handled by the committee, who endeavored to make it appear like an attempt on his part, and that of the Lord Chancellor, whose sanction he pleaded, to conceal, in some degree, the King's real condition.

Another obstacle to the King's recovery, apprehended by Willis, seems rather fanciful than real. "When his Majesty," he says, "reflects upon an illness of this kind, it may depress his spirits and retard his cure more than a common person"; but, subsequently, he states, that "this apprehension is somewhat relieved by his knowledge of the King's sense of religion, which may lead him, with a proper resignation, to reflect on what it had pleased God to afflict him with."

The want of good faith was broadly charged upon Willis by his colleagues, and in the examination there came out one instance of it which has obtained a popular celebrity. Warren stated, that, on the day Willis arrived, it was agreed, in general consultation, "that quiet of body and mind were to be endeavored to be obtained by every means possible; and that everything should be kept from his Majesty that was likely to excite any emotion;—that though his Majesty had not shown any signs of an intention to injure himself, yet that it was absolutely necessary, considering the sudden impulses to which his distemper subjects people, to put everything out of the way that could do any

mischievous." The very next day, however, he put into the King's hand a razor and a penknife. "I asked him," says Warren, "how he could venture to do such a thing. He said he shuddered at what he had done." Willis said, in explanation, that the King "had not been shaved for a long while, perhaps a fortnight or three weeks; and the person that had been used to shave him could not complete the parts of his upper and under lips; and being confident, from the professions and humor of his Majesty at that moment, I suffered his Majesty to shave his lips himself; and then he desired he might have his whole face lathered, that he might just run over it with a razor; and he did so in a very calm manner. His nails also wanted cutting very much; and, upon his assurance, and upon my confidence in his looks, I suffered him to cut his own nails with a penknife, while I stood by him. It is necessary for a physician, especially in such cases, to be able to judge, at the moment, whether he can confide in the professions of his patient; and I never was disappointed in my opinion whether the professions of the patient were to be relied on or no." He denied that he said to Warren, he shuddered at what he had done, and also denied that, in regard to such matters, he ever agreed not to be governed solely by his own discretion. After professing such views, he found it a little inconvenient to answer the question, why he never afterwards repeated this indulgence. He replied, however, that it had a bad moral effect, his Majesty taking it ill that he was not allowed other privileges, such as going up stairs to see his family, and doing other imprudent things. "Do you think," asked the committee, "that the expectation of the liberties which the King might call for would be of more danger to him than the use of razors and penknives?" "To be sure," was the reply, "because the refusal would irritate him much and increase his disorder." "Whether," continues the committee, "you refuse to the King all indulgences which may be safely given, lest he should demand those that ought to be refused?" "I do a great many," said Willis. Those, certainly, were very embarrassing questions.

This incident furnished Burke with the materials of a violent diatribe against the ministers, who, he said, had committed his Majesty to the care of a man in whose hands he was not safe for a moment.*

* There is a traditionary anecdote connected with this razor scene, strongly illustrative, if true, of Willis's character. Burke asked him, it is said, what he would have done, if the King had suddenly become violent while these instruments were in his hand. Having placed the candles between them, he replied, "There, sir, by the EYE! I should have looked at him *thus*, sir—thus!" whereupon Burke instantaneously averted his head and made no reply. This must have occurred, if at all, in the committee-room, but no mention of it is made in the printed report. It may have been expunged, however, by the

It also came out that, within five days after he took charge of the King, Willis allowed him to have an interview with his daughters, and another with the Queen, without the consent or knowledge of his colleagues, and contrary, as they alleged, to the terms of their agreement. In defence of his course, he said, "I am sure that such occurrences can scarce be too frequent, as it comforts the patient to think that he is with his family, and that they are affectionate to him; and upon inquiries of patients who have been cured of the same indisposition, they have always mentioned those occurrences having given them the greatest comfort, and, as they thought, helped very much towards their recovery. * * * The irritation occasioned by a patient's seeing his friends or relations is entirely overbalanced by the softening him into tears, which ever leads to amendment." In this statement of Willis, we may recognize the views of one of our early associates, the first President of this Society, between whom and Willis this was not the only point of resemblance.

Another incident in Willis's management, which had greatly scandalized his colleagues, was deemed worthy of the notice of the committee. It was the allowing his Majesty to read the tragedy of *Lear*. It seems he refused the King's request to have it, though too crazy, he thought, to be affected by it, one way or the other; but allowed him to have a volume of plays, which happened, without his knowledge, to contain *Lear*.*

In the practical knowledge of insanity, and the management of the insane, Willis was unquestionably in advance of his associates; but following the bent of his dictatorial habits, he often spoke without measuring his words, and often overstepped the limits of professional etiquette. Hence he suffered under the severe handling of the committee, to whom he presented a good many vulnerable points of attack. It is

committee. What the common practice is, I am unable to say; but that such a thing is sometimes done, we have the authority of Sir Samuel Romilly for believing. He states that some of the testimony of the physicians, in 1810, to the effect that the cause of the King's illness in 1801 was the resignation of Pitt, and the cause of the attack in 1804 was the publication of the correspondence between the Prince of Wales and the Duke of York, was suppressed. [*Memoirs, &c.*, ii, 165.] The authority for this anecdote is Reynolds, the playwright, who says he had it from Willis himself. [*Life, &c.*, ii, 15.] Among the gossip of the day was a similar story respecting the effect of Willis's tone on Sheridan when about to examine him. "'Pray, sir, before you begin,' said Willis, 'be so good as to snuff the candles, that we may see clear, for I always like to see the face of the man I am speaking to?'" Sheridan was so confounded at this speech of the basilisk Doctor, that he could not get on in his examination, and for once in his life he was posed."—*Swinburne's Courts of Europe*, ii, 75.

* Willis's statement that he had never read this play, is not calculated to raise our estimate of his general culture.

obvious, in fact, that Willis was a bit of a charlatan, and not always above the arts of that character. Sheridan remarked, in one of his speeches, that Willis professed to have the gift of seeing the heart by looking at the countenance; and added, looking at Pitt, that the declaration seemed to alarm the Right Hon. gentleman.*

But, with all these imperfections, it cannot be denied that Willis evinced much practical sagacity in his views of the nature and management of mental disease, and a sturdy independence and self-reliance which, while they are always elements in a great character, were in him, under the circumstances, little less than wonderful. Let those who are emulous of his success strive to imitate him in these qualities, rather than in his dogmatism and disregard of professional observances.

The report of the committee was a fruitful topic in the subsequent debates in parliament, furnishing fresh materials for declamation and intrigue. On no other occasion, probably, were the prominent qualities of the celebrated men who figured at that period more strikingly exhibited. Night after night, for weeks together, witnessed the unrivalled self-possession of Pitt, the clear, close, vehement argumentation of Fox, the irresistible wit of Sheridan, the multifarious knowledge and riotous fancy of Burke. But the prize, which seemed to be almost within the grasp of the whigs, rapidly receded from their view. Towards the last of January the King had unquestionably improved, and on the 25th of February Warren signed a report declaring him "free from complaint."

The question of recovery was also embarrassing, for although it might be obvious enough to the family and friends, yet it was not so easy to establish it satisfactorily to the country. An apparent recovery is not always a real one. Often, after a person seems to have regained his natural feelings and views, and has recognized his mental disorder, and is preparing, perhaps, to resume his customary pursuits, he again passes under the cloud, and, to all appearance, is as far from sanity as ever. Burke was as ready for this as for any other occasion, and his remarks upon it exhibited his wonderful faculty of acquiring and appropriating every description of knowledge. "The disorder," said he, "with which his Majesty was afflicted, was like a vast sea which rolled in, and at low tide rolled back and left a bold and barren shore. He had taken pains," he continued, "to make himself master of the subject, he had turned over every book upon it, and had visited the dreadful mansions where those unfortunate beings were confined. * * * An

* There is nothing of this kind in the report of the committee, but it may have been suppressed. Sheridan would hardly have invented the fact, and then called on Pitt to witness its truth.

author of great authority having mentioned the uncertainty of the symptoms of sanity, had declared, that after having been kept a month, (and the rule was, at all the houses he had visited, though anxious to discharge the patients speedily, as they all were, to keep them a month after their recovery before they turned them out of the house,) they would sometimes dread the day of their departure, and relapse on the very last day. * * * He drew a picture of the King's supposed return, which he described as most happy, if really cured; but as horrible in the extreme, in its consequences, if a sudden relapse took place."

The only effect of the King's alleged convalescence was to suspend all parliamentary proceedings relative to a regency, while, quietly and without opposition, he resumed, one after another, his regal functions.*

* It may be a matter of surprise, at first sight, that, considering the disagreement between Willis and his colleagues respecting the signs of convalescence, some other physician of eminence in this branch of the art was not called in. "Why," said Burke, "is not the keeper of one mad-house confronted with the keeper of another?" referring to Munroe, who then visited Bethlehem. It is probable, however, that the government suspected—very justly too—that the measure, while it would certainly introduce a new element of discord into the medical councils, might not so surely strengthen their position.

Willis was rewarded by parliament with a pension of £1500 for twenty-one years. He was shortly after employed to treat the Queen of Portugal, but she proved to be incurable. For this service he received £20,000. These fees are without a parallel in the records of the medical profession. Dr. John Willis received for his services £650 per year during his life.

It is somewhat calculated to abate our confidence in history, to find that so recent and public a fact as the result of Willis's treatment of this case should be related in such a contradictory manner. By many, if not the most of those who refer to it, including even such respectable authorities as the *Biographie Universelle* and *Penny Cyclopædia*, it is represented to have been a complete cure. But the truth is—and obvious enough, too, it might seem—the poor Queen, who had been for some time hovering on the verge of insanity, became unequivocally deranged in 1792, and so continued without any improvement. In the early stage of her disease she conceived the idea that she was doomed to eternal perdition. Her son, the Prince of Brazil, assumed the regency in 1792. In 1807, when the kingdom was invaded by the French, she followed the fortunes of her house across the ocean, though much against her will, and finally died in 1816, aged 81.

In Frederick Reynolds's "Life and Times" I find a notice of Willis's establishment, which seems to be worth copying: "Gretford and its vicinity at that time exhibited one of the most peculiar and singular sights I ever witnessed. As the unprepared traveller approached the town, he was astonished to find almost all the surrounding plowmen, gardeners, threshers, thatchers and other laborers attired in black coats, white waistcoats, black silk breeches and stockings, and the head of each '*bien poudré, frisé et arrangé*.' These were the Doctor's patients; and dress, neatness of person, and exercise being the principal features of his admirable system, health and cheerfulness conjoined to aid the recovery of every person attached to that most valuable asylum. The Doctor kept an excellent table, and the day I dined with him I found a numerous company. Amongst others of his patients, in a state of convalescence, present on this occasion, were a Mrs. B., a lady of large fortune, who had lately recovered under the Doctor's care, but declined returning into the world,

His Majesty's third attack began about the 22d of February, 1801, and though supposed by the public to have recovered within three or four weeks, it is certain that he was not fully restored until the last of June. He was attended by Drs. Gisborne, Reynolds, Pepys, Robert Darling Willis, John Willis and Thomas Willis.* The early stage of the disease was much like that of 1788, except in being of shorter duration. After the first week or two he could, for the most part, control his morbid manifestations to such a degree, that, to them who saw him only occasionally, he seemed to be less under the influence of disease than he really was. Indeed, as early as the 7th of March, it was commonly reported, and commonly believed, that he had completely recovered, though on the 4th Reynolds had stated that "much time would be necessary to complete the cure."† The bulletins ceased on the 12th of March, when Reynolds ceased his attendance, but on the 14th or 15th of the same month he had a "severe paroxysm," as it was called, which, however, must have soon abated, as he transacted business on the 17th. He continued under medical care until the end of June, appearing very well whenever circumstances required the exercise of self-control, but constantly exciting the apprehensions of his family and physicians by some manifestation of mental disturbance. John Willis, writing to Lord Eldon, May 16th, intimates that "artificial prudence" is still absolutely necessary, and informs him that his conversations with the King have not been of much service. "He seems," he continues, "rather to select and turn any part to his purpose than to his good."‡ Five days after, Addington writes to Lord Eldon, that "during a quiet conversation of an hour and a half there was not a sentiment, a word, a look, or a gesture, that I could have wished different from what it was; and yet my apprehensions, I must own to you, predominate. The wheel is likely to turn with increasing velocity, (as I cannot help fearing,) and if so, it will very soon become unmanageable."§ Four days after, one of the Willises writes, that the King "is in a perfectly composed and quiet state. He told me, with great seeming satisfaction, that he had had a most charming night—'but one sleep from eleven to

from the dread of a relapse; and a young clergyman, who occasionally read service and preached for the Doctor. Nothing occurred out of the common way till soon after the cloth was removed, when I saw the Doctor frown at a patient, who immediately hastened from the room, taking with him my *tail*, which he had slyly cut off."

* Robert and John Willis were sons of Francis, and probably Thomas also, but of this I am not quite certain.

† "Diaries of Lord Malmesbury," iv, 28.

‡ "Twiss—"Public and Private Life of Lord Chancellor Eldon," i, 204.

§ Ibid, i, 205.

half-past four ;' when, alas ! he had but three hours' sleep in the night, which, upon the whole, was passed in restlessness, in getting out of bed, opening the shutters, in praying at times violently. * * * He frequently called, 'I am now perfectly well, and my queen, my queen has saved me.' * * * The King has sworn he will never forgive her if she relates anything that passes in the night."* June 9th, one of the royal family writes to Thomas Willis, "He has been very quiet, very heavy, and very sleepy. * * * God grant that his eyes may soon open, and that he may see his real and true friends in their true colors." Three days after, she again writes, that "the sleepiness continues to a great degree. I am told the night has been tolerable, but he has got up in his usual way, which is very vexatious."† Four days after, one of the Willises writes : "His Majesty rode out this morning at ten o'clock, and did not return till four. He paid a visit in the course of the day to Mr. Dundas. His attendants thought him much hurried, and so did his pages. He has a great thirst upon him, and his family are in great fear. His Majesty still talks much of his prudence, but he shows none. His body, mind and tongue are all upon the stretch every minute ; and the manner in which he is now expending money in various ways, which is so unlike him when well, all evince that he is not so right as he should be."‡

A considerable change seems to have occurred within a few days of the date of this letter, since his physicians were discharged, and we hear no more of his disorder. He was strongly averse to having the Willises any longer about him, though, as he says, "he respected the character and conduct of Robert Willis." "No one," he says, "who has had a nervous fever can bear to continue the physicians employed on the occasion."§

During the first three weeks of the attack there was actually a suspension of the royal functions, and with it a suspension of some political arrangements of the highest importance. Pitt had resigned, but there was no one to receive his resignation, or sign the commission of his successor ; so that it would have been difficult to answer the question, who is now prime minister ? Pitt and his friends continued to perform the necessary routine duties of their offices, and Mr. Addington held

* Twiss, i, 205. † Ibid, i, 206. ‡ Ibid, i, 208.

§ The only thing respecting the medical treatment in this attack which has rewarded my inquiries is, that the prime minister, Mr. Addington, one day, recommended a hop pillow for procuring sleep, which proved perfectly successful. "In this attack sleep always calmed and quieted the King, while in that of 1788 he would awake from a long sleep more turbulent than ever." Malmesbury "Diaries," iv, 46.

constant communication with the palace.* This change of ministry, which was exceedingly distasteful to the King, was regarded by some as the exciting cause of this attack; but it is probable that the differences between the Prince of Wales and his wife had also much to do with it. It was ushered in by a violent cold, which he contracted by remaining long in church on the 13th—a chilly, snowy day.

Again, on the 12th of February, 1804, the King manifested unequivocal signs of mental disease, occasioned, it was thought, by the publication of certain correspondence between the Prince of Wales and the Duke of York, and immediately preceded by a cold and a consequent fit of the gout. This attack continued longer than the last, but, like that, was much less severe than the attack of '88. He was attended by Sir Lucas Pepys, Dr. Reynolds, Dr. Heberden, and Dr. Simmons, physician of St. Luke's,† and was in the particular charge of the latter, who resided in the palace. The few scanty notices I have been able to find convey but little information respecting the character or progress of this attack. About the 25th of February it was generally understood that the King was improving; but in the bulletin of the 26th it was stated that his speedy recovery could not be expected."‡ We learn that, on the 9th of March, Lord Eldon walked with him around the garden, when he observed, as he says, "at first, a momentary hurry and incoherence in his Majesty's talk, but this did not endure two minutes; during the rest of the walk there was not the slightest aberration in his Majesty's conversation, and he gave me the history of every administration in his reign."§ On the 23d of April, he presided at a council. On the 2d of May, Addington walked with him in the garden, and thought him perfectly well.|| Five days after, Pitt conversed with him three hours, and was "amazed at his cool and collected manner."¶

* "Life, &c., of Lord Sidmouth," by Pellew, i, 309.

† Why none of the Willises were employed on this occasion, does not appear. It was probably, however, for the same reason that was alleged for their not being employed in the next attack—viz., the Queen's apprehension that their presence would excite unpleasant associations in the King's mind. In fact, the King conceived a strong dislike for the Willises; but it seems to have been a common impression at court, [Malmesbury, iv, 316,] that they managed him much better than Simmons.

‡ Bulletins must necessarily be brief, and very general in their terms, and therefore not calculated to convey very accurate information; but those which were issued by the physicians during this illness often indicate much confusion of ideas, and an uncertain, vacillating prognosis, which did not escape the notice nor the censure of parliament. For instance, the very next day after the bulletin above mentioned the bulletin said, "He is still better than he was yesterday, and gradually approaching recovery."

§ Twiss, i, 228. || Life of Sidmouth, i, 313. ¶ Malmesbury, iv, 306.

May 25th, the Duke of York writes that the King seems to dwell much upon the illegality of his confinement, and the next day, Pitt, in a note to Eldon, expresses some alarm in reference to a conversation in one of the audiences two days before. "The topics treated of were such as did not at all arise out of any view (right or wrong) of the *actual state* of things, but referred to plans of foreign politics, that could only be creatures of an imagination heated and disordered."*

His conduct at this period, as described by one of his court, indicates a phasis of insanity which, though common enough, is apt to be greatly misunderstood by people not professionally acquainted with the subject. "Mrs. Harcourt confirms all that Lady Uxbridge had told me—that the King was apparently quite well when speaking to his ministers, or to those who kept him in a little awe; but that towards his family and dependents his language was incoherent and harsh, quite unlike his usual character. She said Symonds did not possess, in any degree, the talents required to lead the mind from wandering to steadiness;—that, in the King's two former illnesses, this had been most ably managed by the Willises, who had this faculty in a wonderful degree, and were men of the world, who saw ministers, and knew what the King ought to do;—that the not suffering them to be called in was an unpardonable proof of folly (not to say worse) in Addington; and now it was impossible, since the King's aversion for them was rooted;—that Pitt judged ill in leaving the sole disposal of the household to the King;—that this sort of power, in his present weak, and, of course, suspicious state of mind, had been exercised by him most improperly: he had dismissed and turned away, and made capricious changes everywhere, from the Lord Chamberlain to the grooms and footmen; he had turned away the Queen's favorite coachman, made footmen grooms, and *vice versa*; and what was still worse, because more notorious, had removed lords of the bedchamber without a shadow of reason;—that all this afflicted the royal family beyond measure; the Queen was ill and *cross*, the Princesses low, depressed, and quite sinking under it;—and that, unless means could be found to place some very strong-minded and temperate person about the King, he would either commit some extravagance, or would, by violent exercise and carelessness, injure his health, and bring on a deadly illness. * * * She said that Smart, when alive, had *some* authority over him;—that John Willis also had acquired it, but in a different way: the first obtained it from regard and high opinion, the other from fear; that, as was always the case, cunning and art kept pace, in the King's character, with his suspicion and misgivings, and that he was become so very acute that nothing escaped him."†

* Twiss, i, 244. † Malmesbury, iv, 326.

The general impression at the time was, that, in both these attacks, the King was deprived of his reason for a short period only; and parliament was readily satisfied by the declarations of ministers, that there was no necessary suspension of the royal functions. Before the question of a regency could be fairly started, the bulletins ceased, and he was supposed to have recovered. Of course, there was no examination of the physicians, and the public had no means of learning the subsequent progress of the disorder, because they alone to whom the facts were known were most interested in keeping them to themselves. It was not until the examination of the physicians, relative to the next attack, (1810,) some of whom had also attended him in 1801 and 1804, that the true state of the case was revealed.* It then came out for the first time, that both these attacks were of much longer duration and greater severity than the public had been led to suppose,—that, about the middle of March, 1801, and after the bulletins ceased, a relapse took place,—that, in 1804, Dr. Simmons continued in the palace as late as June,—and that either Heberden or Sir Francis Millman attended the King up to October.† And yet it had become a matter of history, that during those very periods when his Majesty was in charge of medical men on account of mental disorder, he was exercising the highest functions of sovereignty. On the 17th of March, 1801—which, as we have just seen, was only two or three days subsequent to the date of a “severe paroxysm”—measures of vital interest and importance to the country received his assent and concurrence. On the 14th of April, Pitt’s resignation was accepted and the new ministers received their commission. On the 9th of March, 1804, a commission, under the King’s sign-manual, was passed, by virtue of which fifteen bills received the royal assent, and, on the 23d, his assent was given to many other bills.

It is not surprising that the discovery of his real mental condition, half a dozen years afterwards, excited both astonishment and indignation. In parliament, the conduct of Lord Eldon, who, in consequence of his office as Lord Chancellor, and of his intimate personal relations to the King, was held responsible for these transactions, was condemned

* It must be borne in mind that the memoranda showing the progress of the disease, which we have given, were mostly published only a few years ago, so that, in fact, the whole state of the case was not generally known even after the examination of the physicians in 1811.

† Indeed, as late as December, the King had not entirely regained the confidence of his family. Lord Malmesbury says, (iv, 344,) on the authority of one of the court, “The Queen will never receive the King without one of the Princesses being present,—never says, in reply, a word,—piques herself on this discreet silence,—and, when in London, locks the door of her *white room* (her boudoir) against him.”

in the strongest terms. Earl Grey charged him with having done what was equivalent to treason. "What," said he, "would be the character, what the appropriate punishment of his offence, who, knowing his Sovereign to be actually at the time incompetent,—who, in the full conviction of his notorious and avowed incapacity, and whilst he was under medical care and personal restraint, should come here, and in the name and under the pretext of his Majesty's commands, put the royal seal to acts which could not be legal without his Majesty's full and complete acquiescence?" * * * "I will ask the noble Lord," he continued, in another part of his speech, "what he would have done, had a case of a similar nature come before him in Chancery? I will suppose such a case; and that, in the interval, when it appeared from the testimony of physicians that the unfortunate individual was incapable of exercising his mental faculties, a person had prevailed on an attorney to make a will for him; would the noble lord have given his sanction to such a proceeding? Would he have taken the opinion of the interested individuals, in preference to that of the physician? Let the noble lord apply this case to himself. I say that his Majesty's name has been abused. The noble lord has said, on his own authority, that his Majesty was not then incapacitated from acting; but will your lordships allow yourselves to believe that his Majesty's health was then such as to admit him to act in his royal incapacity, upon an authority which contradicts that of his physicians?"

In his defence, Lord Eldon declared that, on the 27th of February, and again on the 9th of March, 1804, the King's physicians had pronounced him competent to perform a certain act; or, as the matter was described more particularly in his *Memoirs*, he inquired of the physicians, if, in their opinion, the King was competent to sign an instrument, provided he, Lord Eldon, had satisfied himself that the King understood its effect. To this query Sir Lucas Pepys and Dr. Simmons replied affirmatively, the other physicians being supposed to concur. Chiefly, however, he grounded his defence on the right to judge for himself respecting the King's mental condition, irrespective of medical opinions. "I have been significantly asked," said he, "if I would supersede a commission of lunacy against the opinion of physicians. I have often done so. The opinions of physicians, though entitled to great attention, were not to bind him absolutely. * * * It was most important to the Sovereign that the Chancellor should not depend wholly on the evidence of the physicians, if he himself thought the King perfectly competent to discharge the functions of the royal authority."* In a

* Stockdale's *Parliamentary Register*, 1811, i.

letter to Percival, he declares that if the King had been found to understand the nature of the act he was asked to perform, he should have been bound by his sense of right and duty to have sanctioned such act, though he might have believed, with his physicians, that some delusions might occur an hour afterwards.*

Eldon declared, in the debate, that, on the 9th of March, 1804, the King understood the duty he had to perform better than he did himself, and among his papers was found what he regarded as a conclusive proof of his opinion. "On applying to the King," he says, "to obtain his sign-manual to several bills, he, Eldon, began to read an abstract of the bills with more of detail than usual, when the King said, 'My lord, you are cautious.' He, Eldon, begged it might be so, under existing circumstances. 'Oh!' said the King, 'you are certainly right in that; but you should be correct as well as cautious.' Eldon replied, he was not conscious that he was incorrect. 'No,' said he, 'you are not; for if you will look into the commission you have brought me to sign, you will see that I there state that I have fully considered the bills proposed to receive my sign-manual. To be correct, therefore, I should have the *bills* to peruse and consider.' I stated to him that he had never had the bills whilst I had been Chancellor, and that I did not know that he had *ever* had the bills. He said, during a part of his reign, he had always had them until Lord Thurlow had ceased to bring them; and the expression his Majesty used was, Lord Thurlow said it was nonsense his giving himself the trouble to read them."†

Lord Eldon, as well as the physicians, made the common mistake of confounding the power to understand the exact terms of a transaction, with that of perceiving all its relations and consequences. Such a mistake, natural enough as it might have been to him, could hardly have been expected from the physicians, especially under circumstances so peculiar and important. It would be considered a bold assertion that a person, regarded by his family and physicians as insane, was perfectly competent to make a contract or execute a will; but to declare that the King, who, by their own admission, was more or less insane, was, nevertheless, competent to exercise the most important functions of his office, was, to say the least of it, to assume a tremendous responsibility. But they knew very well the wishes of the court on the subject; and it could hardly have been expected of court physicians that they would be over-scrupulous on such an occasion, especially as they were aware, no doubt, that the measures in question were proper enough in themselves, and the royal assent was merely a matter of form. This, unquestionably,

* Twiss, i, 356. † Ibid, i, 226.

was the real ground on which Eldon acted, though it did not furnish the kind of defence exactly which he was disposed to set up. The nation was at war; a change of ministry was in progress, both in 1801 and 1804; a project of a regency would have distracted the national councils and impaired the national vigor; and the disease, scarcely severe at any time, seemed likely to be of very short duration. A man much less devoted to political ends than Eldon might, under such circumstances, have considered it perfectly justifiable to avoid the real evils of a regency question by committing one more theoretical than practical, and followed by salutary consequences. In fact, the same thing was done by Lord Loughborough, who went to his Majesty on the 24th of February, 1801—Addington having declined the service—and obtained his signature to a commission for giving the royal assent to the Brown Bread Bill.*

There was another charge against Lord Eldon, which cannot be so easily parried. It was insinuated by Earl Grey, in the debate already alluded to, that he used the facilities of his position to prevent a junction between Fox and Pitt in 1804; and it appears, from his own papers, that he used similar means to accomplish the removal of Addington, his own colleague, and bring in Pitt. These might have been precisely the arrangements which the King would have favored, had his mind been perfectly sound; but no man could have promoted them as Eldon did, without forfeiting every claim to upright and honorable conduct.†

About the 25th of October, 1810, the King was again, and for the last time, smitten by mental disease, consequent, it was generally supposed, upon the fatal illness of a favorite daughter. It began, like the former attacks, with unusual hurry and restlessness of manner, which, within a few days, passed into a paroxysm of high excitement, accompanied by much fever. During the first few months the disorder was characterized by paroxysms of this kind—in one of which he is said to have been “unconscious of surrounding objects”—alternating with intervals, when the King was free from fever, calm, composed and quite rational in his conversation. He was attended by Reynolds, Heberden, Baillie, Halford, and Robert Willis, the latter residing in the palace and having the immediate custody of the King, as his father had in 1788. The physicians were examined by a committee of the Commons on the

* *Life of Lord Sidmouth*, i, 302.

† True, Eldon pronounced the charge, that he had taken advantage of the King's weakness to prejudice him against Mr. Fox, to be a direct falsehood. His biographer candidly remarks, that “this denial must not be extended beyond the charge it was meant to meet, of having taken advantage of the King's weak state to excite a prejudice against Fox in the royal mind”—meaning, probably, that, as he did not believe the King to be incompetent, he might safely deny that he took any advantage of his weakness.—*Twiss*, i, 356.

14th of December, and by a committee of the Lords about the same time. The questions propounded were precisely the same as those of 1788, and the replies were of a very similar character. They all concurred in the opinion that the disease would ultimately yield, but no one undertook to set limits to its duration. The same reasons, too, were also given for this favorable prognosis—the patient's previous good habits and firm health, the suddenness of the attack, and the general curability of the disease. To the question, whether his Majesty's age, then seventy-two years, was not an unfavorable circumstance, the unanimous answer was, that, as a general rule, extreme age was an unfavorable circumstance, in mental as well as other disease; but, in the present case, it would probably have little influence upon the result, because the King had borne his age remarkably well, and the attack had originated in circumstances independent of any bodily indisposition. To the question, whether the King's very defective sight—for he had become almost, and soon after entirely, blind—might not operate unfavorably, the reply was, substantially, that, in the early stages of the disorder, it would be more likely to have a beneficial effect than otherwise, by keeping from him many sources of irritation; while, in the later stages, it might, by diminishing his means and opportunities of occupation, retard his recovery. To the question, whether the fact of his having had so many previous attacks was not an unfavorable circumstance, Reynolds and Baillie replied—to them only was the question put—that his having recovered from so many previous attacks, furnished strong grounds for expecting recovery again. Baillie, however, qualified his opinion by the suggestion that the susceptibility to disease might be increased by its frequent recurrence, and thus prove an obstacle to recovery.

In regard to the form of disease, Willis said it was more allied to delirium than insanity—meaning that it was characterized by mental excitement rather than by fixed, definite delusions. “It has never borne the character of insanity,” he said; “it never gets beyond derangement.” This description, he added, was strictly applicable to the attack of 1801. Heberden said: “It is not merely the delirium of fever, nor is it any common case of insanity; it is derangement attended with more or less fever, and liable to accessions and remissions.” The form of disease which they had in view is common enough; and though the progress of science may have contributed nothing to our knowledge of nature or of its treatment, it has certainly improved our nomenclature.*

The Report conveys no information respecting the medical or moral

* The Report may be found in Stockdale's Parliamentary Register, 1810, and Hansard's Parliamentary Debates, 1st ser. xix.

treatment, and we are left in doubt whether mechanical restraint was used. In fact, the examination was chiefly directed, not so much to the present condition of the King as to the attacks of 1801 and 1804, several of the physicians having attended him at one or both those periods, and to some interviews between the King and his ministers. It showed the usual amount of intrigue and cabal on the part of the King's friends, with subserviency to the predominant party and disregard of each other, on the part of the physicians. As in the illness of 1788, the policy of the tories was to stave off the regency by representing the attack as speedily curable, while the whigs were equally strenuous in precipitating this measure. But the result appeared so doubtful, and the exigencies of the country were so pressing, that it could not long be evaded; and, accordingly, the Prince of Wales was made Regent in February, 1811—an event which enabled the whig party, as is well known to all who are acquainted with the history of that period, to verify the scriptural declarations respecting the faithlessness of princes.*

The progress of the disease may be gathered from casual notices in the memoirs, correspondence, diaries, &c., of the time, but not so exactly as it might be on some interesting points. On the 26th of January, Eldon spent an hour with him. "He is not well," says the Chancellor, "and I fear he requires time. In the midst of this state it is impossible to conceive how right, how pious, how religious, how everything that he should be, he is, with the distressing aberrations I allude to."† In his clearer intervals he became somewhat impatient of restraint, and was rather importunate to be restored to his regal state. The physicians, in their report to the Chancellor, which must have been about the first of February, say that "he appears to be going on in the most favorable manner. It is right to mention, and we do not think it an unfavorable circumstance, that he has occasionally adverted to the subject of his former delusion, but in so slight a manner as to increase our confidence in its gradual subsidence from his Majesty's mind."‡ The Queen, in a note to Lord Eldon, soliciting the attendance of one of the council at Windsor, at least once a week, says: "The King is constantly asking if not one of the council is coming to do so, [to receive the report of the physicians,] and seems to feel that putting it off procrastinates his recovery, as his Majesty (*she is sorry to say*) thinks himself too near that period."§ Spring brought no improvement of the King's disorder. In a note of Lord Ellenborough, April 3rd, he speaks of the

* Romily (Memoirs, ii, 177) says that the Prince was determined to make no change in the Cabinet in consequence of the strong representations of one of the King's physicians of the probability of his recovery.

† Twiss, i, 359. ‡ Ibid, i, 359. § Ibid, i, 359.

King's "delusions" and irregularities and extravagances of plans and projects of which we hear daily."* May 25th, the Duke of York had an interview with him, in which his mental condition was pretty fairly exhibited. "He appeared," he says, "at first, very much affected at seeing me, and expressed himself in the kindest and most affectionate manner upon my re-appointment to the chief command of the army; but soon flew off from that subject, and then ran on, in perfect good humor, but with the greatest rapidity, and with little or no connection, upon the most trifling topics, at times hinting at some of the subjects of his delusion, in spite of all our endeavors to change the conversation."† Robert Willis expressed to the Duke his alarm at the King's "frivolity, or rather imbecility, of mind."

Until July, the cloud which enveloped the mind of the King occasionally lifted up, and thus were strengthened the hopes of his complete restoration. It was one of the curious traits in his case, that, at those times, he became conscious of his infirmity, though he sometimes manifested this consciousness in rather an uncommon manner. An instance is related by Francis Horner, in a letter to his father, in the spring of 1811. "There was a very affecting proof of the King's melancholy state, given last week at the concert of ancient music; it was the Duke of Cambridge's night, who announced to the directors that the King himself had made the selection. This consisted of all the finest passages to be found in Handel descriptive of madness and blindness; particularly those in the opera of Samson; there was one also upon madness from love, and the lamentation of Jephtha upon the loss of his daughter, and it closed with 'God save the King,' to make sure the application of all that went before."‡

Dr. Simmons and Dr. John Willis, who had attended the King in former attacks, had not been employed in this, the Queen fearing that it might awaken disagreeable emotions. A year having passed without any improvement, these two physicians were joined to the medical corps on the 9th of October, together with Dr. Munro, then visiting physician at Bethlehem. They were all examined touching the King's condition, both by a committee of the Lords and a committee of the Commons, towards the middle of January, 1812.

From this examination we gather that, during the months of April, May and June, the King was apparently improving, "very little disorder being exhibited," says Heberden. It was characterized by exaltation, extravagance and frivolity—false reasoning upon real facts. About the middle of July the disorder assumed a new character, gross delu-

* Twiss, i, 363. † Ibid, i, 363. ‡ Memoirs and Correspondence, ii, 70.

sions being exhibited in connection with the last-mentioned traits. His sight and hearing were quite gone, but the other senses were as acute as ever. He retained a consciousness of his regal state, and during the latter part of the year, when there seemed to be a little improvement, he bore his part in conversation very correctly, for a few minutes, and related anecdotes of the past. The physicians were all as confident in the opinion that his recovery, though not hopeless, was highly improbable, as they were, the year before, in the opinion that he would recover. This change in their prognosis they attributed chiefly to the change in the phasis of the disorder, which occurred in July.*

This report leaves us entirely in the dark respecting the nature of the delusions which possessed the King's mind, but the following passage from Lord Eldon's papers indicates one of them. "It was agreed that, if any strong feature of the King's malady appeared during the presence of the council, Sir Henry Halford should, on receiving a signal from me, endeavor to recall him from his aberrations; and, accordingly, when his Majesty appeared to be addressing himself to two of the persons whom he most favored in his early life, long dead, Sir Henry observed, 'Your Majesty has, I believe, forgotten that — and — both died many years ago.' 'True,' was the reply, 'died to you and to the world in general, but not to me. You, Sir Henry, are forgetting that I have the power of holding intercourse with those whom you call dead. Yes, Sir Henry Halford,' continued he, assuming a lighter manner, 'it is in vain, so far as I am concerned, that you kill your patients. Yes, Dr. Baillie — but, Baillie, Baillie,' pursued he, with resumed gravity, 'I don't know. He is an anatomist; he dissects his patients; and then it would not be a resuscitation merely, but a recreation, and that, I think, is beyond my power.'"[†]

The following memoranda of his condition from 1812 till his death, are given by an anonymous writer, but are well authenticated, I believe, and comprise all that I have been able to find respecting this period. "At intervals he still took a lively interest in politics. His perception was good, though mixed up with a number of erroneous ideas; his memory was tenacious, but his judgment unsettled; and the loss of royal authority seemed constantly to prey upon his mind. His malady seemed rather to increase than abate up to the year 1814, when, at the time the allied sovereigns arrived in England, he evinced indications of returning reason, and was made acquainted with the astonishing events which had recently occurred. The Queen, one day,

* Hansard, xxi, 73.

† Campbell's "Lives of the Lord Chancellors," art. "Eldon," vii, 222.

found the afflicted monarch engaged in singing a hymn, and accompanying himself on the harpsichord. After he had concluded the hymn, he knelt down, prayed for his family and the nation, and earnestly supplicated for the complete restoration of his mental powers. He then burst into tears, and his reason suddenly left him. But he afterwards had, occasionally, lucid moments. One morning, hearing a bell toll, he asked who was dead. 'Please your Majesty,' said an attendant, 'Mrs. S.' 'Mrs. S.!' rejoined the King, 'She was a linen-draper, at the corner of — street, and brought up her family in the fear of God. She has gone to heaven: I hope I shall soon follow her.' He now became deaf, imbibed the idea that he was dead, and said, 'I must have a suit of black, in memory of George III., for whom I know there is a general mourning.' In 1817 he appeared to have a faint glimmering of reason again; his sense of hearing returned more acute than ever, and he could distinguish persons by their footsteps. He likewise recollected that he had made a memorandum many years before, and it was found exactly where he indicated. After 1818 he occupied a long suite of rooms in which were placed several pianos and harpsichords; at these he would frequently stop during his walk, play a few notes from Handel, and then stroll on. He seemed cheerful, and would sometimes talk aloud, as if addressing some nobleman; but his discourse bore reference only to past events, for he had no knowledge of recent circumstances, either political or domestic. Towards the end of 1819 his appetite began to fail. In January, 1820, it was found impossible to keep him warm; his remaining teeth dropped out, and he was almost reduced to a skeleton. On the 27th he was confined wholly to his bed, and on the 29th of January, 1820, he died, aged 82 years."*

* "Georgian Era," i. No authority is given for the statements in this work, and I am unable to verify them.

It is a curious coincidence, that this monarch, who suffered so much from mental disease, should have been pursued, as if by a kind of fatality, by insane people. In 1786, an old woman (Margaret Nicholson) attempted to stab him, as he was alighting from his carriage; in 1790, a lieutenant of the army (John Frith,) threw a stone at him through the window of the carriage in which he was riding; and, in 1800, a soldier (James Hadfield) shot at him with a pistol in the theatre. Miss Burney says that, during his illness in 1788, they were often annoyed by insane persons, who contrived to elude the restrictions of the palace and to roam over the grounds. The persons who committed the first two assaults were so obviously insane that, without any further action, the Privy Council sent them to Bethlehem Hospital. Hadfield was brought to trial, and, it being on an action of treason, his counsel was allowed to speak in his defence; for, until quite recently, this privilege was never permitted in criminal cases, except those of treason. It was on this occasion that Erskine made his greatest forensic effort; and it is a fact that may abate our pride of progress, that it has never been equalled in the clear apprehension it

displays of the phenomena of insanity, in its plain and cogent views of responsibility, and its triumphant demolition of those principles which had been regarded, from the earliest times till that moment, as the settled law of England respecting insanity.

Like everything connected with State affairs, the incidents of King George's attacks have been enveloped in secrecy and mystification, and hence the difficulty of distinguishing between the true and the false. Some of them are obviously fabulous, and, together with others less improbable, had their origin, undoubtedly, in that sort of gossip which would naturally spring from such an interesting event as the insanity of the Sovereign. Considering that the purposes of this narrative could be answered only by the strictest historical accuracy, I have been careful, in every instance, to indicate the source of my materials, and to make use of none that could not be well authenticated. The necessity of this kind of caution can scarcely be appreciated by those who have never learned, from their own inquiries into past events, how the false, the fabulous, the exaggerated and the true become blended together beyond the power of the most patient research to separate. To relate a striking incident or a pointed anecdote is an easy and agreeable duty, but to search out the authority on which they rest—in other words, to perform a great deal of fruitless labor—is a task often difficult and disagreeable.

ARTICLE II.

CONSIDERATIONS ON THE RECIPROCAL INFLUENCE OF
THE PHYSICAL ORGANIZATION AND MENTAL MANI-
FESTATIONS. BY A. O. KELLOGG, M. D., PORT HOPE, CA-
NADA WEST.

THE CEREBRAL AND DIGESTIVE SYSTEMS—THEIR RECIPROCAL AND
SYMPATHETIC INFLUENCES.

“I think with Alexander, that the act
Of eating, with another act or two,
Makes us feel our mortality, in fact,
Redoubled: when a roast and a ragout,
And fish, and soup, by some side dishes backed,
Can give us either pain or pleasure, *who*
Would pique himself on intellects whose use
Depends so much upon the gastric juice?”

Don Juan, can. V, verse xxxii.

“Last night suffered horribly from an indigestion. I remarked, in my illness, the complete inertia, inaction and destruction of my chief mental faculties. I tried to rouse them, and yet could not. I should believe that the soul was married to the body, if they did not sympathize so much with each other. If the one rose when the other fell, it would be a sign that they longed for the natural state of divorce; but, as it is, they seem to draw together like post-horses.”—*Byron, Diary*, 1821.

In our last article we took a cursory view of some of the pathological conditions which affect the mental manifestations primarily, or *idiopathically*; we now proceed to consider such as influence these *secondarily*, or *sympathetically*, through the medium of other and distant organs of the body.

There is no organ of the body between which and the brain the sympathy is more marked and direct than the stomach. This is due, no doubt, to the intimate nervous connection which exists between these organs—both direct, by means of the pneumogastric nerves, and indirect, by the sympathetic and spinal nerves. This sympathy is

manifested in various ways. One of the first and least variable effects of severe blows upon the head is to excite vomiting; and vomiting is not only excited by substances taken into the stomach, when the pneumogastric nerve evidently becomes the excitor, but it is also induced by the taste of any disagreeable substance, or the sight or smell of any disgusting object, or the mere conception of such. It may also be excited by a simple mental emotion.

A singular instance of the influence of a simple mental emotion upon the stomach has just been given me by a scientific friend, a distinguished engineer, with whom I was conversing on this subject. He informed me that, when a boy, he frequently crossed a stormy arm of the sea, with his father, in a small steamboat, on their way to Edinboro', and was often sea-sick. On the boat there was constantly an old, blind fiddler, who always contrived to render the sea-sickness of the passengers more tolerable (or intolerable) by his strains. For years after, my friend informs me, he could never hear a violin without feeling a species of nausea, and experiencing the symptoms of sea-sickness.

The depressing influence of a fit of indigestion on the mental faculties—the confusion of thought, or of ideas, lowness of spirits, headache, vertigo, despondency, &c., must have been felt by all at one time or another. The impaired memory—the impossibility of fixing the attention, for any length of time, upon a given subject—the fickleness, unnatural irritability of temper and disposition, are all among the well-known phenomena attendant upon a fit of indigestion; and the manifestations of *mind*, both moral and intellectual, though sometimes slightly and imperceptibly, are almost always more or less affected. It is not, therefore, surprising that a prolonged continuance of all the “horrors of indigestion” should lead to insanity. And it has been argued, with much apparent justice, by M. Broussais and several recent writers in this country and Europe, that the functional disorder thus sympathetically induced in the brain may, by its frequency or continuance, pass into organic change. It is far easier, however, to trace the sympathetic relations between these organs than to determine the first link in the chain of morbid sympathies. “Headache,” says Dr. Copeland, “has too generally been referred to disorders of those viscera of the abdomen with which the head sympathizes, even when manifestly proceeding from morbid states of the parts enclosed by the cranial bones.” “Besides,” says he, “those very disorders so generally considered the sources of headache are not unfrequently produced by an affection of the brain: for pain of the head, although a common symptom of it, is neither universally nor constantly present, but is very frequently altogether

wanting, at an early or advanced period; so that disease of the brain itself, may, in the first place, disorder the digestive or other functions, this disorder reacting upon the brain, or on the nerves more immediately related to it, and exciting or otherwise altering their sensibility so as to give rise to headache, and other symptoms actually dependent upon the brain, although developed and rendered manifest by the sympathetic disturbance of the digestive organs." There is, perhaps, no disease more illustrative of the intimate sympathy which exists between the cerebral and digestive systems than dyspepsia; and the conflicting opinions among the most eminent writers as to the nature and origin of this disease, and the unsatisfactory and unsuccessful methods of treatment proposed and adopted by these men, each suited to his peculiar theory as to its nature and origin, show that this sympathy has not been sufficiently attended to.

For many years dyspepsia was regarded as a primary disease of the stomach—a disease of "debility" of this organ, and tonics and stimulants were the chief remedies proposed. Subsequently, by the disciples of that school who professed to found their opinions upon the pathological appearances, it came to be regarded as primarily an inflammatory affection of the digestive mucous membrane, and the "antiphlogistic" treatment, bleeding, low diet, &c., were the remedies prescribed in all cases. Subsequent to this still, when it came to be observed that the gourmand, he whose "god was his belly," and who thought of little else during life than how to satisfy its morbid cravings, was not the peculiar subject of this disease, but he who "took little thought of what he should eat or what he should drink," but who, nevertheless, thought long and deeply on other and far more important matters—he, in short, who overwrought the *cerebral* and not the *digestive* system, was its peculiar victim, more correct ideas as to its nature and causes came to be entertained. The late Dr. Brigham was of opinion that a large majority of cases of dyspepsia, especially among students, depend upon primary irritation of the brain and nervous system,—that such cases were perpetuated by mental excitement, and best relieved by those means calculated to give rest to the cerebral organs; and among the reasons for this opinion, independent of his own experience, he gives the following, which, though familiar, undoubtedly, to most readers of this journal, cannot be too often repeated.* In opposition to the theory of Broussais, who regarded dyspepsia, in most cases, as a *primary* affection of the stomach, even when preceding insanity and accompanied by long continued hypochondriasis and other nervous symptoms, he says: "To me it appears more rational to suppose that the irritation of the

brain, produced by the moral cause, not only caused the disorder of the digestive organs, but, by its continuance, increased the disease of the brain to such a degree as to cause mental derangement; just as we see a blow on the head produce, at first, only slight sickness of the stomach and vomiting, but followed by violent delirium. From the cases which Broussais has given, it evidently appears that slight irritation of the brain, from mental or other causes, gives rise to derangement of the stomach, and produces the ordinary symptoms of dyspepsia." As regards sick-headache, he is much of the same opinion as Dr. Copeland. "I very much doubt," says he, "whether sick headache as often arises from disordered stomach as from irritated brain. I have repeatedly noticed an attack of sick-headache after indulging in stimulating food and drinks in the evening; but I have known the headache prevented by keeping the head cool after an evening's debauch." He also quotes, and mentions cases which have come under his own observation, where the practice of keeping the head cool after a debauch was successfully resorted to, to prevent the headache, and adds, "If the pain of the head is caused by indigestion, what possible efficacy can there be in keeping the head cool?" and, further, he says, "I conceive that the increased action of the blood vessels during sleep, produced by the stimulating food and liquor, determines an unusual quantity of blood to the brain, irritates it, and this irritation of the brain produces the pain of the head, sickness and disorder of the stomach. I have noticed, moreover, that this disease most frequently affects those whose nervous systems are delicate and easily excited; and I have often known it produced by grief, or great mental anxiety; and it is seldom relieved without rest or long abstinence." The abstinence here mentioned by Dr. B. is, no doubt, a valuable auxiliary, but the *rest* is the chief remedy.

The father of the writer was always attacked by a severe fit of sick-

* See "Mental Cultivation and Excitement," p. 166, *et seq.* This unpretending, but able and philosophical little work should be in the hands of every parent and teacher in the land. No one can fail to be benefited by it, for no writer of our own country or Europe has written more ably on the influence of mental cultivation and excitement upon health than the late Dr. Brigham, whose name cannot be mentioned by any one who values the medical literature of his country without feelings of deep veneration and respect for his memory, particularly if, like the writer, he had the honor of his friendship for a number of years. The question once tauntingly thrown out by a foreign critic, "Who ever reads an *American* work?" was never more triumphantly answered, except, perhaps, in the case of Mrs. Stowe. The little work "was hailed—it may be said, *seized upon*," says Mr. Simpson, in his preface to the Edinburgh edition; and Dr. Macnish uses language equally strong and flattering; and the distinguished Wm. Cobbett, shortly before his death, "declared his intention of having a cheap edition printed 'to abate,' as he said, the nuisance of infant schools."

headache, from any uncommon mental excitement or effort. This he attributed, erroneously, no doubt, to not taking his regular meals, which probably he had little appetite for, this having been destroyed by the cerebral action. The headache was invariably relieved by an hour's sound sleep, after which he took his meals with a relish; and, though a mere lad, I remember well he always *took his sleep first*. When the cerebral irritation was thus relieved, appetite and digestion returned.

There are few medical men of any experience who have not felt the great influence of anxiety and watchfulness in destroying the appetite and inducing headache. I have frequently, when harrassed by severe cases, fasted for twenty-four and sometimes forty-eight hours, without feeling the least inclination for food, until after the anxiety was in a measure relieved and I had slept. In stating this I believe I also state the experience of hundreds of medical men.

Men, of all professions involving much mental excitement and anxiety, have, undoubtedly, at some time experienced the influence of mental excitement upon the stomach and digestive organs. Some years since, the writer was intimate with a young lawyer of New England, of much mental activity and forensic eloquence, who was invariably attacked with diarrhœa after making an effort at the bar, which he attributed, correctly, no doubt, to the previous mental excitement. A young clergyman of my acquaintance, of much mental activity and eloquence, says that, when composing a sermon, he would scarcely think of eating, but from the importunity of servants calling him to dinner, &c.—the mental excitement overcoming all inclination for food for the time being. The influence of fear in exciting the peristaltic action of the bowels is well known: why not other exciting and depressing passions? A most interesting case, illustrative of the intimate sympathy between the cerebral and digestive systems, was recently mentioned to me by a scientific friend, in whose accuracy I have the utmost confidence. He informed me that an acquaintance of his always became insane whenever his bowels became costive, and that the mental disturbance was always relieved *immediately* by the action of a thorough cathartic. M. Broussais says, "that he has often seen diarrhœa, colic and other disorders of the digestive organs caused by grief, fright, mental suffering; and that cerebral irritation will produce gastric irritation, and even a certain degree of inflammation of the stomach; and still asserts that "most encephalic phlegmasia are usually induced by gastric irritation." Dr. Brigham, commenting on this, says: "I cannot but believe that this observation is incorrect, and that M. Broussais was led to make it in

consequence of certain opinions he had formed respecting the frequency of gastric inflammation, and its influence in producing sympathetic disease—opinions which, I think, are not supported by facts. From the history which he has given of cases of supposed gastritis, or inflammation of the stomach, we learn that disorder of the stomach was often preceded by symptoms of disease of the head—such as slight aberration, melancholy, epilepsy, convulsions, &c. Some of his patients had studied severely, others had long been hypochondriacal, while others were homesick; and as his patients were mostly soldiers—many of them conscripts—it is not improbable that they had experienced severe moral suffering.”

But nothing shows more clearly the cerebral origin of a large majority of cases of dyspepsia than the means most successfully resorted to for its removal. Of all the ills incident to humanity, none has been more troublesome to the conscientious practitioner, from not having been well understood, or more taken advantage of by charlatans and impostors, for the same reason, than this.

These worthies, ever ready to come to the rescue, when “knowledge fails” or true science appears to halt, have here found a rich field for their labors, and one which has yielded and continues to yield them an abundant harvest. Homeopaths and hydropaths, botanics, and eclectics, metallic-tractors and magnetizers, *cum multus aliis*, have, in this unfortunate class of patients, found subjects best suited to their respective operations, and will continue to find them, until a treatment better suited to the mental and moral origin and nature of the disease comes to be more universally recognized by scientific medical men. It cannot be denied that, in the management of this disease, particularly in this country, science has been out-done, and has by no means been able to keep pace with professional quackery and *humbug*—a good illustration of the divine truth, that “the race is not to the swift, nor the battle to the strong, neither yet *bread* to the *wise*, nor yet *riches* to men of *understanding*, nor yet *favor* to men of *skill*; but time and chance happeneth to them *all*.” From the subjoined note, by Dr. Macnish, to the work of Dr. Brigham, it appears that the charlatany so unscrupulously practiced on the subjects of this disease is not peculiar to America.* “The relief,” says he, “which many dyspeptic people obtain

* Perhaps one of the reasons for its superiority here may be found in the fact, that in no other country in the world has quackery and humbug been so completely systematized and reduced to a *science* as it has been by some of our most distinguished professors here.—*Vide* “Life” of the “great” Barnum, and his lectures on the “*Philosophy of Humbug*,” and the current works on “Matrimony,” “Phrenology,” “Mesmerism” and “Spiritualism” which emanate from the New York press and inundate the country.

by going to watering-places, is a sufficient proof that their complaint is often intimately connected with the state of the brain. Oppressed at home with the cares of business, or rendered nervously irritable by dissipation, vapid pleasures, or want of occupation, (for this is as pernicious to the brain as too much employment,) a state of hypochondria, accompanied by impaired digestion, ensues.

“In this state they fly to such places as Bath, Leamington, or Cheltenham—place themselves in the hands of some fashionable empiric, who very gravely tells them to drink the waters, restrict themselves to a particular diet, and take some trifling medicine which he prescribes for them. They do this, coupling it with exercise in the open air, and with the light amusements which generally abound in such quarters. The consequence is, that the brain gets into a better state of action.

“If its morbid condition was produced by too much thinking, this is relieved; if by too little, this is obviated also; materials for employing it sufficiently existing in the change of scene, and in the prevailing gossip of the place. Restored to comparative health by this change of scene, the patient returns home enraptured with the virtues of the waters and the wonderful skill of the doctor under whom he was placed. Professional quackery and humbug are nowhere carried to such excess as in fashionable watering-places.* There they tell with powerful effect, seeing that they have to deal chiefly with those whose minds are previously weakened by hypochondriasis; *there* at present they seem to be indispensable for success, and will continue so till people get more enlightened.”

That the extraordinary cure of many cases of chronic dyspepsia, set forth so vauntingly by the hydropaths and homeopaths of modern times, is very frequently the result of a powerful mental impression, appears evident, not only from the statements of the patients themselves, but from the reports drawn up by the practitioners. In the treatise on the water-cure by Dr. Gully†—the only work having any pretensions to science which I have been able to procure—at page 102 *et seq.*, he gives an interesting case of what he calls chronic “nervous” dyspepsia, the fortunate result of which, it is evident from his own statement, was more owing to the powerful mental impression, than to the treatment by wet sheets, the sitz-bath, or the shower-bath.

Let it not be supposed that we are insensible, however, to the virtues of water as an *auxiliary* in the treatment of many chronic dis-

* Except, we may add, in fashionable *water-cure establishments*, in the United States.

† The Water-Cure in Chronic Disease, by Jas. Manby Gully, M. D., L. R. C. S., etc., etc. New York, Wiley and Putnam, 1847.

cases—particularly of the brain and nervous system. The extensive and scientific use of this agent, in all our well-conducted lunatic asylums, by the eminent men at the head of these institutions, shows clearly that they, who are, to say the least, quite as able to judge of its virtues as the most eminent professors of the hydropathic school, are not insensible of its power as a therapeutical agent, though, unlike the latter, they are unwilling to give up all that the accumulated experience of many years has pointed out as useful, when properly employed, for the sake of a theory, and, that too, a very narrow one. The case of Dr. Gully, alluded to above, was that of a lady of evidently a nervous, excitable temperament, who had for years suffered from what he terms “nervous and mucous” dyspepsia, the origin of which was traced to that confinement and mismanagement at school I have alluded to in a previous article. The treatment of this case (“by the most eminent practitioners,” of course) appears to have been very injudicious from the beginning; and the pernicious influence of the “drugging” is, perhaps, not overdrawn by Dr. Gully. One practitioner alone acknowledged he had run through the whole pharmacopœia, and was about to repeat the circle, when he was relieved by a homeopath, whose success appears to have been little better, and finally she came into the hands of Dr. Gully, at Malvern.

Space will not allow of our giving the case in detail; I will merely give the *dénoûement* in the Doctor’s own words. After subjecting her for six months to alternations of the sitz-bath and the packing-sheet, the shower-bath and the compress, the rubbings, copious water-drinkings, &c., he says: “Her dyspepsia—the accumulated dyspepsia of so many years of bad treatment—was, indeed, far from being cured; but it had gone infinitely further in that direction than hitherto, and all the patient’s sensations announced it. In the midst of the general organic excitement which the treatment had aroused, while all the organs were laboring to relieve themselves, a *strong mental agitation* occurred to her, and *nervous fever* announced itself in her unlucky frame. Whether a fever would have been the *crisis* of her prolonged and complicated complaints, as I often anticipated, or whether this particular one stood in that character, it is impossible to say, inasmuch as the *coincidence of a mental agitation leaves the possibility of its originating from that cause alone*. It was, however, the most violent and perilous I ever beheld. How it was treated is not germane to the history of the dyspepsia, but some idea of the *activity* of the treatment may be gathered from the fact that on *one day* she was folded in *twenty-one* successive wet sheets between 6 a. m. and 11 p. m.”

It is well, perhaps, that the "mental agitation," and the consequent "nervous fever," were not accompanied by any great amount of physical disease, or organic change of structure, otherwise the twenty-one wet sheets applied in such rapid succession, and the consequent fatigue and agitation of their application, might have accomplished *something else*, which even the drugging failed to do, and which (as the patient ultimately recovered, thanks to a good, sound constitution) the Doctor does not allude to. It is undoubtedly true, however, that the hydropathic treatment of many cases of chronic dyspepsia, dependent on irritation of the brain and nervous system, as practiced by such men as Dr. Gully—coupled, as it is, by the hygeinic rules, so strictly enforced—has done much good. It is liable, however, to the serious objections peculiar to all systems where exclusiveness and routine hold absolute sway. It is, probably, a question whether the good which undoubtedly results in many cases of chronic dyspepsia from resort to water-cure establishments arises so much from the specific treatment pursued, as from the mental relaxation, change of scene, and strict hygeinic rules adopted.

"The fact," says Dr. Brigham, "that dyspepsia is frequently cured by permitting the overtasked and tired brain to rest, or by change of the mental labor and excitement, is evidence that it is, primarily, a disease of the head, and not of the stomach. How often do physicians fail to afford relief by medicines in what are called 'stomach affections,' but which are readily cured by traveling or relaxation of accustomed studies! How often a change of the mental excitement affords relief! It seems as if certain portions of the brain having been unduly excited, become diseased, and were benefited by strong excitement of other portions of the same organ. How often are stomach affections cured by inert medicines, aided by the imagination, confidence, hope, &c.!" In a note appended to this passage, Dr. Macnish says that he once cured a lady, who fancied herself seriously ill of a stomach complaint, by administering three dozen of *bread pills*. I once treated successfully a hysterical young lady, who fancied herself seriously ill, and quite unable to move without assistance, and whose case I shall probably refer to in treating of that disease, by the administration of twenty-five drops of colored *water* three times a day, for a short time.

Time will not allow of my entering more fully into the consideration of these cerebral and gastric sympathies at present. I shall probably recur to them again, in treating of hypochondria and other kindred affections, in a future number.

ARTICLE III.

PROCEEDINGS OF THE TENTH ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The tenth Annual Meeting of this Association was held in the city of Boston, commencing Tuesday, May 22d, 1855, at 9 o'clock, A. M.

The members of the Association having collected at the Tremont House, according to the arrangement announced in the last number of the JOURNAL OF INSANITY, and being informed by one of their number, Dr. C. H. Stedman, late of the Boston Lunatic Hospital, that the Senate of Massachusetts, of which he was a member, previous to its final adjournment, the day before, had passed a resolution, offering the use of the Senate Chamber for its deliberations, repaired thither before organizing for business.

Having convened in the Senate Chamber, the following gentlemen were found to be present :

Dr. LUTHER V. BELL, of the McLean Asylum, Somerville, Mass.,
President of the Association.

Dr. ISAAC RAY, of the Butler Hospital, Providence, R. I., Vice-
President of the Association.

Dr. T. S. KIRKBRIDE, of the Penn. Hospital for the Insane, Phila-
delphia, Pa., Treasurer.

Dr. C. H. NICHOLS, of the Government Hospital for the Insane,
Washington, D. C., Secretary.

Dr. JOHN S. BUTLER, of the Retreat for the Insane, Hartford, Conn.

Dr. JOHN CURWEN, of the Penn. State Lunatic Hospital, Harris-
burg, Pa.

Dr. H. A. BUTTOLPH, of the N. J. State Lunatic Hospital, Tren-
ton, N. J.

Dr. J. H. WORTHINGTON, of the Friends' Asylum for the Insane,
Philadelphia, Pa.

Dr. W. H. ROCKWELL, of the Vermont Asylum for the Insane,
Brattleboro, Vt.

Dr. JAMES S. ATTHON, of the Indiana Hospital for the Insane, Indian-
apolis, Ind.

- Dr. T. R. S. SMITH, of the State Lunatic Asylum, Fulton, Missouri.
Dr. EDWARD JARVIS, Private Asylum, Dorchester, Mass.
Dr. D. T. BROWN, of the Bloomingdale Asylum, New York City.
Dr. N. CUTTER, Pepperell Private Asylum, Mass.
Dr. C. H. STEDMAN, of Boston, late of the Boston Lunatic Hospital.
Dr. H. M. HARLOW, of the Maine Insane Hospital, Augusta, Maine.
Dr. E. S. BLANCHARD, Kings Co. Lunatic Asylum, Flatbush, L. I.
Dr. JOHN E. TYLER, of the N. H. Asylum for the Insane, Concord,
New Hampshire.
Dr. GEO. C. S. CHOATE, State Lunatic Asylum, Taunton, Mass.
Dr. JOHN P. GRAY, of the New York State Lunatic Asylum, Utica,
N. York.
Dr. EDWARD C. FISHER, of the State Lunatic Asylum, Raleigh, N. C.
Dr. CLEMENT A. WALKER, of the Boston Lunatic Hospital, South
Boston, Mass.
Dr. JOSEPH WORKMAN, of the Provincial Lunatic Asylum, Toronto,
Canada West.
Dr. GEORGE CHANDLER, of the State Lunatic Hospital, Worcester,
Mass.
Dr. M. H. RANNEY, of the N. Y. City Asylum, New York.
Dr. JOHN CLEMENTS, of the Ohio State Lunatic Asylum, Dayton, Ohio.
Also, Dr. GEORGE DOCK, one of the Trustees of the Pennsylvania
State Lunatic Hospital, who remained in attendance till the final
adjournment.

The President, Dr. Bell, having called the Association to order, the minutes of the last annual meeting were read by the Secretary.

Dr. Bell then tendered his resignation of the office of President, leaving it to the Association to fill the vacancy in such manner as to them should seem fit. At the request of the Association, Dr. Bell consented to occupy the Chair till a successor was elected, after expressing the hope that the election would take place as soon as convenient.

On motion of Dr. Kirkbride, the Chair was requested to name a committee of three to nominate a member for the office of President, and to suggest names to fill any other vacancies that may occur in the offices of the Association during this meeting. The Chair appointed Drs. Rockwell, Tyler and Smith.

On motion of Dr. Butler, the Chair appointed Drs. Walker, Nichols and Athon a committee to prepare business for the several sittings of the Association, and to arrange the time for visiting any of the public institutions in the city to which its members may be invited.

Dr. Stedman then read invitations to the Association to visit the Hall

of the American Academy of Arts and Sciences, the Collection of the Society of Natural History, and the Boston Athenæum.

Dr. Bell read invitations to visit the Massachusetts General Hospital and the McLean Asylum, Harvard University and the Observatory at Cambridge.

Dr. Walker presented invitations to examine the Massachusetts School for Idiotic Children, the Boston Lunatic Hospital, the House of Correction and the Institution for the Blind.

All these invitations were accepted and referred to the business committee.

The committee on nominations here reported that they had agreed to recommend Dr. Isaac Ray, of Rhode Island, for President, and Dr. T. S. Kirkbride, of Pennsylvania, to fill the office of Vice-President, which would become vacant by the elevation of Dr. Ray, the present incumbent; which nominations were confirmed by the Association, and Dr. Ray took the chair.

Dr. Kirkbride having resigned the office of Treasurer, on the recommendation of the business committee, Dr. Butler was appointed to that station.

On motion of Dr. Kirkbride, it was

Resolved, That the Association has accepted, with regret, the resignation of Dr. Bell, and that the thanks of the Association be tendered to him for the able manner in which he has performed the duties of his station.

Dr. Kirkbride announced the death, since the last meeting, of Dr. Wm. S. Haines, a member of this Association adding that Dr. H. was formerly Physician to the Philadelphia Hospital at Blockley, and, while in that position, manifested a deep solicitude for the insane, and never neglected an opportunity to do what he could to promote the best interests of this unfortunate class.

On motion of Dr. Bell, Dr. Kirkbride was appointed to prepare a memoir of the late Dr. Haines, for the records of the Association, and resolutions of condolence with the family of the deceased.

Dr. Walker, on behalf of the business committee, proposed, that, after to-morrow morning's session for business, the Association, leaving the City Hall at 1 o'clock, should visit the Massachusetts General Hospital, the University and Observatory at Cambridge, and the McLean Asylum for the Insane; which report was adopted.

The Association then listened to an extended memoir, by Dr. Brown, of the late Francis Bullock, M. D., Physician of Kings County Asylum, New York.

In noticing the circumstances, that Dr. Bullock had become much interested in the new asylum for the insane of Kings county, then in process of erection, and in both the moral and physical principles of hospital architecture, the writer commended the great efforts made by some hospital superintendents to ameliorate the condition of the insane, by seeking to improve the architectural character and internal comfort of the buildings designed for their accommodation.

He also took occasion to animadvert upon some views expressed in an article published in the April number of the JOURNAL OF INSANITY, 1855.

Dr. Brown regretted that the writer of that article should not have been restrained, either by *esprit du corps* or by literary comity, from such unjust censoriousness, and remarked that the statement respecting the hospitals of New England seemed to contain a self-contradiction.

“None can object to discussion of the merits of systems or forms of management prevailing in our institutions, nor to the courteous examination of practices which individual superintendents may variously regard as praiseworthy or objectionable: both fall within the sphere of inquiry which this Association has declared legitimate, believing, as it does, that ‘nothing tends more to the corruption of science than to suffer it to stagnate.’

“But who, let us ask, are they whom we find portrayed by this writer as amateur architects, disporting with the utensils and wares of the artisan, and deeming such pursuits not only appropriate to their vocation, but the chief means of advancing the true interests of their afflicted charge? They are men who have labored long and earnestly in their holy mission,—who have been the main instruments in effecting the great change, respecting the insane, wrought in the public sentiment within the last twenty years. They have grafted the swelling bud of mercy upon the hard fibre of antiquated criminal legislation, and thus blended, wisdom and prudence have clothed their professional opinions, when offered in courts of justice, with a moral force which judges and juries have been prompt to acknowledge. They constitute the authorities of psychological medicine in America, and they are our boast, as they are our guides.

“What heart swells not with resentment when such men are aspersed, their invaluable labors underrated and ridiculed, and, worse than all, their fair fame dishonored? ‘More in sorrow than in anger’ are these lines traced—a sorrow mitigated by the cheering words of one well known to the disciples of *psychiatric*, both in the old world and the new.

"In the April number of the *American Journal of Medical Sciences*, a reviewer, than whom none has enjoyed a wider range of observation, says of one of the most pertinacious 'tinkers of gas-pipes,' 'The hospital under his superintendence already approximates so nearly to perfection, that there is danger of his becoming the Alexander of his sphere, and weeping that there are no more realms to conquer.' This critic has sought his subject where alone he could be truly judged. In the hospital, by its cheerfulness, its comfort, its decorum, its activity and its progress, is the superintendent and his system seen. There only can he be estimated aright, and his degree of usefulness determined. The *animus* which pervades it is the reflex of the man, and though it contains no record of his erudition, it testifies to his faith, his earnestness and his devotion to the cause, *for the sake of the cause.*"

Dr. Kirkbride said he was much gratified with the beautiful eulogium of the worthy individual of whom the paper treated. It was beautiful because it was true. He thought that many of the remarks subsequently added were very appropriate, especially as to the duties of superintendents. He supposed the latter part of the paper alluded to an article, by a member of this Association, recently published in the *AMERICAN JOURNAL OF INSANITY*, which certainly contains sentiments deserving notice here, and especially the very singular comparison of the institutions of New England with some further south; and the criticism of the mode in which northern superintendents occupy themselves. As he had not the honor of belonging to New England, he claimed the right of saying something on that point. He thought that their friend, who had written the article referred to, had uttered a wholesale slander on the gentlemen who manage the institutions of New England, and which he scarcely thought should have found a place in the journal where it appeared. If the men of New England had done nothing to advance the cause of the insane, he would be glad to know where anything had been done during the last twenty years.

Said Dr. Kirkbride: "I deny that the institutions of New England have the appearance that they are represented to have. Nor can I believe that there is not about as much liberty generally allowed as is safe and proper. The idea of mixing up all colors and all classes, as is seen in one or two institutions of the United States, is not what is wanted in our hospitals for the insane, although it may be regarded by that writer as a desirable kind of liberty. The gentleman who wrote those pages could scarcely consider what Dr. K. understood him to regard as liberty, as desirable in any institution excepting those of the character of that which he controls. Gentlemen who have the care of few but chronic demented cases have little idea of the restraint

really necessary for recent cases, or of the restrictions which it is proper to place on their movements and actions.

"Those who have visited the institution in which such a great amount of freedom is allowed, know why it is that there is so much liberty permitted between the town-people and the patients, and which certainly is not seen in any other institution in the country. Some other views by the same writer, and very properly referred to in the paper read by Dr. Brown, it was scarcely necessary to notice further, as this Association has long since settled them, as conclusively as they can be, by a unanimous expression of opinion."

Dr. Worthington expressed his satisfaction with the paper read. He thought it contained no more than the truth, and hoped to see the paper published.

Dr. Nichols was hardly willing that his entire silence respecting the memoir and *addendum* should possibly be construed to imply an indifference to their character. He had enjoyed some personal acquaintance with their lamented associate, and believed Dr. Brown's flattering picture of his virtues and of his promise to be not overdrawn.

As to the subsequent comments touching the duties of superintendents and the merits of their institutions, his feelings fully responded to those expressed in the essay just read. He did not know why the institutions of New England were particularly specified as presenting the appearance of "mere prison-houses," for a greater number of essentially the same sort of structures may be found out of the Eastern States, than within their borders; and he believed that a very general concurrence of views, in regard to the proper organization and management of such establishments, happily prevailed among nearly all their medical directors.

He *might*, Dr. N. added, say of the construction and management of New England institutions, and their extreme opposites, wherever found—happily few in number—

"Look here, upon this picture, and on this;

* * * * *

And what judgment

Would step from this to this?"

But, said Dr. N., it was to Dr. Brown's warm and grateful defence of the founders of American psychology that he most heartily responded; for he believed it as perfect, as a practical science, if not as original, as that of any other country.

Our President (Dr. Ray) had certainly produced the most philoso-

phical, as well as most practical work which had yet appeared on the jurisprudence of insanity; and much as we have had, in a few instances, to deplore in this respect, the legal relations of the insane are here better understood and more consistently observed than anywhere else. The paper read before the Association last year, by the same distinguished writer, upon the use of ether in certain most painful and embarrassing conditions of the insane, had inaugurated a new era in their treatment.

Dr. Bell's paper, read before this body in 1850, on the use of opium as a specific curative agent in certain forms of acute mania, was probably one of the most valuable contributions ever made to the therapeutics of our specialty; not that the treatment by opium was first suggested in Dr. B.'s paper, but it was there first presented in a thoroughly digested discussion of its merits and applicability. It may be added that the opium treatment seemed to be unknown in Europe long after it was pretty generally practiced here.

The name of "Bell's disease" indicates when and by whom it was first described, and its only successful treatment pointed out.

Drs. Earle and Jarvis had produced unquestionably the most valuable monographs upon the statistics of insanity known to us.

The practice of the country in regard to the construction and organization of hospitals for the insane, embracing many points of original experience, has been codified by Dr. Kirkbride, and his propositions adopted by the Association, and their wisdom and authority have been recognized by numerous official bodies in every part of the land, from the boards of trustees of various institutions for the insane, to the legislatures of States and the Congress of the United States. And the same eminent laborer in the cause of science and humanity has more recently issued a work in which the principles of the codified propositions are amplified, and the practical details of their application pointed out, with so much prudence and clearness, and in a spirit so earnest and philanthropic, that no one can peruse his excellent treatise without being excited to duty and guided in the discharge of it.

That all forms of restraint used in the treatment of the insane, whether muscular, seclusive or custodial, are either for the patient's cure or protection, or for the protection of the public;—that the mildest form of restraint which will in each case effect the object in view is the only one ever justifiable;—that it may be resorted to whenever the welfare of the patient obviously requires it;—and that its use in every case should be prescribed, its effects observed and its duration limited by the highest responsibility to which the patient is entrusted,—are principles

of the utmost practical importance, which, he thought, had been established on a fair basis in this country, and are uniformly observed in all our institutions for the insane.

Dr. Nichols said he did not pretend to have cited more than a tithe of the highly valuable American contributions to practical psychology, to which we are indebted for the usefulness and respectability of our calling; he had only named some of the most practically important, and, therefore, most naturally remembered. Nor did he pretend that we occupied any such vantage ground as need tempt us to contrast our exploits with those of other countries. We gratefully acknowledge our immense indebtedness to Europe for the grand original conception of the modern psycho-humanic treatment of the insane, and for those sublime simultaneous experiments of the immortal Pinel in France and Tuke in England, which solved the first doubts of its practicability; but, conceding all honor to others for the incalculable benefits of the establishment of that great fundamental principle, he was of the opinion, that, in the erection of that broad and benignant structure which it now upbears, America had done much that should excite the gratitude of her children, something that should command their respect, and nothing becoming in them to condemn.

The President (Dr. Ray) said he presumed the JOURNAL OF INSANITY had always been conducted on the most liberal principles. He did not suppose that the publishers had a very strict supervision over the articles inserted. It was rather a collection of papers than a thoroughly edited journal. Perhaps it was better to allow the broadest expression of opinions, however crude and whimsical they may be; but when it comes to a matter of fact—and it seems to me the obnoxious passage in question should be regarded as such,—when it is stated that the hospitals of New England have a very peculiar and prison-like appearance, it might have been well if the managers of the JOURNAL had entered their *caveat*, or, at least, disclaimed all responsibility.

These things go to foreign countries, as the statements of a person holding a responsible place, and who may be supposed to have made a correct observation. I think I should have had no hesitation in pronouncing the statement exceedingly incorrect.

Dr. Fisher expressed surprise at the remarks of Dr. Kirkbride. The gentleman who contributed that article to the JOURNAL was not here, and his paper had called forth a unanimous expression of condemnation of his views, so far as an expression had been given. Therefore, as he always advocated justice to all, he would like, in the absence of the writer, to have him placed *rectus in curia*, and he would be glad to hear

the offensive remarks read, as he had not received the number of the JOURNAL containing them.

Dr. Bell felt like claiming some indulgence for the severe and mistaken opinions of the gentleman. It was his impression that his observations of the northern institutions were made in 1838, or 1839, since which, as we all know, very great improvements had been made; so that there could be no present pretence of applicability in the comments excepted to.

The President corrected Dr. Bell by stating that the critic was here in 1850.

"In that case," remarked Dr. Bell, "I am unable to make any explanation of censures so unjust and untenable. Those of us, now quite a number, who have visited extensively the insane institutions of Europe, which this gentleman never had done, are well aware that the northern hospitals of the United States will compare favorably with any foreign ones, in the points upon which these invidious remarks were hazarded. And, certainly, if the concurrent accounts of all observers are relied upon, far more expense, attention and taste have thus far been bestowed upon the northern institutions than anywhere else on this continent."

Dr. Brown then read from the April number of the JOURNAL OF INSANITY, as follows, from page 353 :

"Even as it is, on going from some institutions which I could mention, to those of New England, the latter, by the great contrast which they afford in this respect, appear mere prison-houses, notwithstanding their many internal attributes of comfort and elegance, and a general management and systematic action in which they are superior to the asylums referred to, and, in fact, have few equals anywhere."

Also from the following page :

"Would that the friends of the poor lunatics could be convinced of this deficiency; America might then have the honor of establishing at least one new principle in the government of those laboring under mental alienation. Up to this time what has she done in this respect? Absolutely nothing, must be the true answer with every unprejudiced mind. Whilst, indeed, those entrusted with the supervision of the insane, and particularly those at the head of the most richly endowed asylums, shall deem the true interests of their afflicted charge not to consist in aught on their part but tinkering gas-pipes and studying architecture, in order merely to erect costly and at the same time most unsightly edifices—erections at which Mr. Ruskin would shudder—so long may we anticipate no advancement in the treatment of insanity, as far as the United States are concerned."

Dr. Fisher then said, presuming the remarks read were the most objectionable contained in the article alluded to, he regarded the statement made by the writer rather in the light of a mistaken opinion than in that of a misstatement of fact. He would say that the opinion cited from the JOURNAL did not correspond with his own impressions when he visited a number of the institutions of New England. With due deference, however, to his excellent friend, Dr. Kirkbride, he would say that he thought him rather denunciatory of the remarks quoted.

Dr. Gray remarked that, as he was connected with the JOURNAL OF INSANITY, it was due from him to state that its managers do not consider themselves responsible for the opinions contained in articles contributed, when the name of the writer is given, as in this case.

Dr. Workman deprecated any attempt on the part of this Association to institute a censorship over the press. The JOURNAL OF INSANITY, in admitting into its columns the strictures of Dr. Galt on the New England Asylums for the Insane, to which exceptions are taken, had evinced a liberal and independent spirit. He doubted not that the conductors of that valuable periodical would adequately vindicate the prerogative of the press, and treat with becoming resistance every attempt at its invasion: whilst, on the other hand, its columns, he trusted, would ever be freely opened to those who sought for free and full discussion. There could be no question as to the general spirit of philanthropy of the people of New England. Their institutions for the relief of human suffering did them infinite honor; but it was to be feared that with their numerous good qualities a few amiable weaknesses were associated. They were rather thin-skinned, and consequently winced a little under reproof. That their asylums for the insane were very far short of perfection, was abundantly proved by the annual reports of the medical superintendents. The testimony of these gentlemen against the institutions of their own country, must be admitted as valid evidence; and, if so, Dr. Galt may be spared from censure. As to the architectural character of several of the buildings, little could be said in commendation, either as regarded external beauty or internal arrangements. It was to be hoped that a more classic taste would soon more generally prevail. In Worcester, he (Dr. W.) had yesterday seen the masons tearing down the old strong rooms, or cells, and converting them into pleasant sitting-rooms and dormitories. This was certainly a pleasing change, and a very clear indication of the progressive tendency of New England, though the movement was rather tardy.

Dr. Curwen then presented a notice of the late Dr. Stuart, who, at the time of his decease, had charge of the Philadelphia Hospital, at Blockley, which was directed to be preserved with the records of the Association.

The President (Dr. Ray) then read an elaborate and highly interesting paper on the insanity of George III., comprising a detailed statement of the five different attacks of this disease under which that monarch suffered, and in the last of which he died.

At this stage of its proceedings, the Association adjourned to meet again at 4 o'clock, P. M.

AFTERNOON SESSION.

Dr. Kirkbride, the Vice-President, in the Chair.

Dr. Bell presented an invitation from Dr. J. C. Warren, for the members to visit his mastodon at 9 o'clock to-morrow morning, which was accepted.

The first business in order was the discussion of Dr. Ray's paper, read this morning.

Dr. Buttolph expressed his great obligation to Dr. Ray for collecting the particulars of the case of George III., as it was one of much celebrity. His facts must have been drawn from sources to which few members of the Association could have access. He hoped the paper would be published.

Dr. Bell remarked, that as but one gentleman already called upon had responded, he could not willingly allow a paper of such extraordinary interest to be passed over without expressions of his deep gratification and thanks to its author.

While few in our specialty had not had some knowledge of the insanity of George III., as a historical incident, it was certain that here was a body of information far more complete and extended than had ever before been aggregated on that subject: and regarding the tenderness with which that topic had ever been handled by the English writers, he could not have thought that it would have been practicable, at this late day, to have collected so full a detail of almost every day's history of that sovereign's attacks.

Dr. B. thought that this paper would occasion a very considerable sensation in England. It would lay open a vein of the most interesting portion of their own history, till now concealed in a vast mass of rubbish, parliamentary reports, public papers, political squibs, diaries of persons about the court, tittle tattle sent to other nations, &c. The British nation, in which the idea of the hereditary danger of insanity

was always more prominent than with us, must have a constantly recurring fear of the same malady reaching the throne. We know, indeed, that the present most exemplary and virtuous Sovereign is constantly hinted at as being in danger of suffering under her grandfather's malady, with no other foundation, probably, than the popular idea that the hereditary predisposition is much more intense than facts would warrant.

In view of such a possibility in the present or succeeding occupant of the throne, the English people will read with amazement the frauds and stratagems perpetrated by the Lord Chancellor—the keeper of the King's conscience—Lord Eldon daring, it would seem, to institute and carry through a change of ministry, by the bold assumption that his Majesty was sane and a free agent, when Dr. Ray now proves that at that moment he was a madman, under restraint and utterly incapable of judging or acting for himself!

While it is true that, pathologically, the insanity of a monarch is no more interesting than that of a peasant, yet there are many circumstances which, politically and historically, give a weighty importance to the mental diseases of those entrusted with high rule and the control of nations.

Under such restricted monarchies as that of England, the mischief might be under some restraint from the general necessities of the case and the admitted limitations of individual authority; yet it is obvious that, in despotic governments, the mental disorder of the sovereign was one of the most serious and unprovided for afflictions of a nation. Let an *expert* weigh the history of Frederick the Great, in the light of his hospital experience, and the influence of his disease upon the times which were shaped by his despotic hand, and continue the connection of events to our times, and what a field of curious inquiry does it open up! Even under our comparatively simple and restricted government, the insanity of public men, or of those in stations of public influence and power, is often a source of great and painful embarrassment. Fortunately, our highest functionary has, as yet, offered no example of this calamity. Yet governors of states, senators in Congress; and officers of high command in army and navy have been thus afflicted, and their cases have been almost unprovided for in our asylums. Whoever reads the biography, for example, of the celebrated John Randolph, of Roanoke, as detailed by his friend and admirer, Mr. Garland, can hardly now question that, for much of his life—and, most of all, when he was in the Senate, and in such a crisis that his vote and speeches were of the highest consequence to the nation, for weal or woe—he was as undoubted a lunatic as was ever in the wards of a hospital. Yet, at the time, nothing which he did

or could have done could probably have deprived him of that power! In a still later case in the Senate, a gentleman who went from one of our institutions to his place in that august body, was met with a committee of inquiry to examine him, to see if he was equal to his functions. He, perhaps very wisely and properly, assented to the investigation, which resulted in a report in his favor. Suppose he had refused, and demanded to be judged by the laws before made, and had claimed a right to vote and act, at least until he should have violated some rule of the body; it is difficult to see how, without a gross violation of his personal privileges and the state rights represented in his person, he could have been rejected, even if he had been a monomaniac as wild as was John Randolph.

Dr. Bell made some remarks, connected with some of the incidents of the case of George III., on the fact that mania reduced the most elevated, cultivated and refined of mankind to the grade of the lowest; and, under the highest paroxysms, both were found doing the same terrible acts, rubbing their feces in the same way over their persons and rooms, tying torn strips of blankets in ligatures about their limbs, &c.

It seemed to him that there was a certain framework of instinct back of all the external coverings of education, which was then revealed.

Dr. Bell concluded by the expression of the hope that Dr. Ray's paper would be published in the *JOURNAL OF INSANITY*.

Dr. Fisher united with Dr. Bell in expressing his gratification with the paper of Dr. Ray. He was sorry that the course pursued by the medical attendants was not more fully stated. Dr. F. not only desired that it should be published in the *JOURNAL OF INSANITY*, but suggested that it should be printed in pamphlet form for general circulation, for he thought the medical profession and the people of the country would take a deep interest in it.

Dr. Jarvis also expressed his gratification with the paper under discussion, acknowledging that he had before known nothing about the case of George III., compared to what had been collected by Dr. Ray. He repeated some anecdotes which he had often heard related by some English lads with whom he was associated when a boy, going to illustrate that monarch's kind, social and popular habits.

Dr. Workman said, that, as the only representative of British institutions for the insane, he could not forego the expression of his gratitude to Dr. Ray. He had no doubt the paper would excite great interest in England, albeit there might be a degree of sensitiveness manifested upon it. He said he might point out reasons why we contemplate this subject with a peculiar degree of interest. The question of the hered-

itary tendency of insanity is now well understood. God forbid that in our own times there should be another such instance of insanity as was exhibited in George III. Two great events, however, had their birth in consequence of that insanity. One was no less than the confederation of these States. He, George III., was unquestionably a good man, and beloved by his subjects, as his grand-daughter is by hers. Another important fact originating at that time was the attention of the world, and especially of the medical profession, to the subject of insanity and its treatment. Although it was unfortunate for the British nation that their monarch was so severely afflicted, it was, probably, in its results, fortunate for humanity.

Dr. Kirkbride concurred with others in expressing a deep interest in the paper, and added that it was an example of labor in the preparation of papers for the Association by which he thought they all might profit.

Dr. Ray replied in reference to the remarks of Dr. Fisher, as to the medical treatment in the case of George III., that it was kept so much in the dark that nothing has come out. No history of the treatment was ever published. Nothing in the bulletins gave the least indication of what the treatment was, and it was for the interest of the physicians to keep it to themselves. The greater part of the information that came out was in consequence of the very severe and worrisome cross-examinations by the committee. There being no medical man on those committees, that point was not particularly investigated.

Dr. Fisher moved that an extra number of copies of this paper be printed for the use of the members of the Association, which was agreed to, the number being left discretionary with the business committee.

Dr. Buttolph read a paper on the subject of "The Influence of the Recumbent Posture in restoring and increasing the Vital Energy in Disease,"—also embracing brief remarks on the influence of diseased teeth and gums in developing and maintaining disorder of the stomach and digestive organs, and, through these, and by sympathy, of the brain and nervous system in general, of which the following is an abstract :

In regard to the influence of posture, it was set forth, that the condition in many cases of insanity was one of exhaustion of the nervous power, from insufficient nutrition, loss of sleep, and over-exertion in the upright posture, and that the obvious and natural means of restoring the nervous energy was, to place the patient in the posture most favorable for increasing the supply of blood to the brain. By this means the irritability consequent upon the previous exhaustion would be lessened. sleep induced, and the appetite and digestive powers increased.

Should the mental excitement and agitation resulting from debility and exhaustion of the brain be understood as indicating a preternatural supply of blood to that organ, as was sometimes the case, direct depletion might be resorted to under circumstances likely to endanger the life, or, at least, to lessen the chances of recovery.

The classes of patients, continued Dr. Buttolph, with whom particular attention to posture was required, were those of a recent character, in which, from the nature and extent of the disease, and the constitution, and other circumstances of the patients, a tendency to exhaustion was an early and prominent symptom.

Secondly, the melancholy class, who are often disposed to assume and maintain the upright posture, both day and night, and who not unfrequently have conscientious scruples against the use of food, or who resort to abstinence as a means of suicide.

Again, the imbecile class often require attention to their posture, although it may be said that they have an equal or greater tendency to excessive indulgence in the recumbent position.

The means to be used to secure the required object would vary in different cases. In one, the advice and request of the physician would be all that was needed; in another, the watchfulness and efforts of the nurse would effect the object; but, in others, and in the cases most likely to suffer, some form of mechanical restraint during the day or night, or both, was the most reliable and effective means. A portion of this class could be kept sitting by a slight impediment in the form of a strap or string across the chair in front of the body; others could be restrained in the recumbent posture by the ordinary bed-strap; while another still, and, Dr. B. believed, a larger class, could be made more comfortable while restraint was made by the use of the crib or covered bedstead. In this, the restraint of the limbs was seldom required and the patient was permitted a degree of freedom in the motions of the body that could not be secured in connection with the use of straps. It was also free from any tendency to cause or increase local irritation on the body and limbs of the patient. Bed-clothes could also be adapted to the temperature of the season and room with greater facility in connection with this than other means of restraint. The objection to the use of the crib-bedstead, that it has been or may be called a "cage," and thus produce an unpleasant impression on the mind of a visitor or friend, is of little importance, as a word of explanation in regard to the necessities of the patient for control, and the advantages of this means for effecting the object, would effectually remove all prejudice against it from most minds.

In speaking of the influence of diseased teeth and gums upon the general health of the insane, Dr. B. stated that they were often the unsuspected causes of various dyspeptic symptoms, and that, by their connection with the general system, through the digestive organs, and with the brain through nervous connection and sympathies, their diseased state might perpetuate, if not cause, insanity, and, perhaps, predispose the lungs and other organs to take on diseased action.

The means proposed for relief were, extraction of those so far decayed as to be sources of irritation by pain or otherwise, and such other treatment as may be needed to induce a healthy state of the gums and mucous membrane of the mouth.

In confirmation of this view, Dr. B. gave instances in which protracted symptoms of indigestion and general nervous irritability were promptly relieved by the extraction of several decayed and broken teeth. The insane would usually submit to the required operation; but, if not, the use of ether, to produce partial or entire insensibility, might be resorted to; though too many should not be extracted at one sitting, and the gums should be allowed to heal before others were removed.

The reading of Dr. Buttolph's paper having been concluded, the members of the Association were called upon to express their views in regard to its contents.

Dr. Walker thought it contained very valuable suggestions, both in regard to the recumbent posture and the necessity of attention to the teeth. He did not doubt it might be an object, in some cases, to induce sleep in the daytime, in the recumbent posture, either with or without restraint. He also mentioned a case of acute mania, in a girl of eighteen years, which fell under his care and began to recover. She had a relapse, which, he discovered, arose from pain in the teeth. After a half-hour's persuasion, she was induced to have them removed, when she at once began to improve, and recovered entirely, without interruption.

Drs. Curwen and Tyler next in turn expressed their indebtedness to Dr. Buttolph for the valuable suggestions contained in his paper. The latter had known protracted neuralgia immediately relieved by the extraction of several decayed teeth, and quietness in the insane produced by the same operation.

The course of remarks upon the topic under consideration was here interrupted by an invitation from the City Government of Boston, tendered by Mayor Smith in person, to occupy the room of the Common Council in the City Hall, which the Association would find furnished with messengers and every other convenience they might require. His Honor the Mayor remarked that this invitation was extended to the Association in consequence of the fact, that the City Government had

learned that the room which they now occupied was not comfortably warmed.

On motion of Dr. Kirkbride, the thanks of the Association were tendered to the City Government for their very obliging invitation, and it was agreed to meet in the City Hall the next morning.

The consideration of Dr. Buttolph's paper was then resumed.

Dr. Athon had sometimes resorted to the use of chloroform in removing diseased teeth, and found that the patients were more quiet after the operation; but he was at a loss to determine whether the quietness was owing to the removal of the teeth or to the inhalation of the anæsthetic.

Dr. Rockwell was gratified with the paper, and hoped that, on some future occasion, an essay would be read before the Association *on the best mode of preventing the recumbent posture*, in which some classes of patients are too prone to indulge.

Dr. Bell continued the discussion of this paper by remarking upon the great importance, as his experience had taught him, of a recumbent position in cases of *delirium tremens*. In cases of considerable severity, he thought it was justifiable to secure this recumbency by means of suitable mechanical apparatus. It was well known that when a fatal termination occurred in this disease, it was often at the moment when some violent effort was made to get up, or to escape from terrific objects. The patient might, it is true, be somewhat uneasy under the restraint, and make a thousand efforts to get away from it. So he would be restless, if unconfined, and in that restlessness be constantly making severe muscular efforts, and putting himself in postures of hazard. Yet, Dr. B. thought he ought to mention, that, at a visit to the Pennsylvania Hospital, some years since, the physician in attendance expressed very confidently the opinion—which he had previously recorded in the notes to a medical work—that patients in *delirium tremens* *should never be restrained at all*—not even in a room—but be allowed to move about the hospital yard at pleasure. Measured by the results in death or recovery, under the two systems, Dr. B. believed that the close confinement system adopted in this vicinity would be found the best. Certainly, *delirium tremens* here is rarely fatal. In all his hospital experience with it for nearly nineteen years, amounting, probably, to about half a dozen cases annually, a single one only has terminated fatally.

Dr. B. has never had any experience with the crib-bedstead recommended in the paper just read. The machine certainly has an ungracious look, and he thought it would require considerable argument to reconcile friends on a visit to a patient confined in it. He had always

found the well known bed-strap, invented by Dr. Wyman, adequate to all cases requiring forced recumbency, whether exhaustive mania, delirium tremens or febrile delirium. It has no repulsive look, permits the sufferer to change his position from back to side, the hands can be left free, if the case will permit, the evacuations are attended to with reasonable facility, and the bed-clothes can be kept in place for looks and warmth. For feeble patients and females it can be mostly made of cloth and webbing, and is capable of being kept clean by washing. In the Massachusetts General Hospital, and in private practice in this vicinity, it has long been used in the delirium of fever and other acute affections, especially where surgical cases are complicated with restless delirium. Dr. B. thought that the substitute for it had yet to be devised.

Dr. Harlow had been in the habit of using the crib-bedstead, and found it very valuable, especially in the low form of typhoid fever and in some cases of insanity.

Dr. Worthington was glad to have attention called to the importance of the recumbent posture. He had known instances in which recovery was materially hastened by it.

Dr. Fisher desired to hear the voice of the Association on the comparative merits of the strap and the crib-bedstead. He knew something practically of the disadvantages of the strap, and was disposed to adopt the crib-bedstead, until he had heard the objections suggested by Dr. Bell.

Dr. Gray considered the crib-bedstead a valuable auxiliary in the treatment of certain cases of insanity. As a means of restraint, both the bed-strap and crib were used at Utica. In feeble cases, especially where the patient would not lie in bed, but was inclined to get up and stand for hours, until the feet and legs were swollen, and the general strength exhausted, the latter mode of restraint had proved very serviceable; as also in certain cases of mania with exhaustion, when the horizontal posture was desirable. As to patients being alarmed by its appearance, this might sometimes occur, and to such it would prove injurious; but the majority of persons for whom it had been used had manifested no alarm—indeed, a few cases seemed to feel in it a sort of protection, and so learned to like it, that, when it was no longer necessary, they could scarcely be induced to sleep in an ordinary bed.

In reference to the influence of decayed teeth as a frequent source of irritation in cases of insanity, he could verify the statements of Dr. Buttolph. In the course of his remarks he related a case of acute mania, received within the past year, in which the decayed and

ulcerated condition of the teeth and gums seemed to have been the cause of the mental disturbance. A few days after admission, the affected teeth were removed, convalescence commenced, and in a few weeks she was entirely restored.

Dr. Kirkbride said he had no doubt that the bad condition of the teeth and gums frequently plays an important part in the production of insanity. Dyspepsia is frequent among the insane, and defective teeth unquestionably tend to produce gastric derangements. Among those who are insane there are many who have decayed teeth. In his institution a dentist is called to examine the teeth of the patients frequently. He had not used chloroform or sulphuric ether, although he had no objections to the latter. He regarded the recumbent posture, with a certain class of patients, as one of the most important of all our remedies. He agreed with Dr. Bell that it was often especially important in cases of *mania a potu*. He had always preferred Dr. Wyman's bed-strap to accomplish it. He would sooner dispense with any other, or all other, apparatus than that. It was generally made much too heavy for delicate females.

He wished to place his protest against the use of the crib-bedstead on record, particularly since the appearance of the late article in the JOURNAL on the subject. The appearance of the contrivance was sufficiently repulsive to him to prevent its introduction into any institution over which he had any control. He believed that feeling prevailed to some extent among his friends, for he had never yet seen the one which his neighbor and friend, Dr. Buttolph, had in use.

Dr. Buttolph : "I have four or five."

Dr. Kirkbride : "In all my visits I have never seen one of them at your institution."

The appearance of the crib is a great objection to its use. When some distinguished men, members of the medical profession, recently visited his institution, he said certain individuals among them wanted to see the patients that were in chains; and when told there were none, they asked to see those in cages, or crib-bedsteads; and when told there were none thus confined, they said they had seen them in Utica, and appeared to expect to find them everywhere. That is the impression which the cribs make on the friends of patients, on the patients themselves, and on medical men. The moral effect of their use is undoubtedly bad.

Dr. Gray replied, that at Utica they had, without hesitation, shown patients, under treatment in the crib, to medical men, and also to friends of patients; and, in many instances, the patients them-

selves had expressed great satisfaction with the crib, both while occupying it and after convalescence.*

Dr. Nichols remarked that cribs were in use in the Utica institution while he was an assistant physician in that establishment; and he thought at the time, and still thought, they were better adapted to a certain class of cases than any other form of restraint. He might have seen them used in cases to which they were not applicable, but he supposed every form of restraint was equally liable to be misapplied. In the article in the April number of the JOURNAL OF INSANITY, to which Dr. Kirkbride had alluded, the crib-bed was defended on account of its advantages in a class of cases which, from their description, appeared to be those of acute mania. From his own experience at Utica, under Dr. Brigham, he was led to conclude that the crib was not adapted to that form of disease.

Dr. Gray suggested that the term used by the writer in the article referred to was "acute exhaustive mania."

Dr. Nichols added that he supposed the crib admissible and useful in

* JOURNAL OF INSANITY for Oct., 1846. Art., "Aubanel's Restraining Bed," from the *Annales Psychologiques* for Nov., 1845:

"I resort to it in such cases as the following: There are some patients, especially those afflicted with paralytic dementia, who will not remain in bed, but pass the entire night in walking their rooms, or crouched on the floor; in consequence of which they suffer from swollen limbs, extensive ulcerations, catarrhs, and pulmonary affections which not unfrequently prove fatal. In others, affected with sores on the extremities, or with casual illness, deficiency of proper rest and warmth produces uncontrollable discharge from the ulcers, and an aggravation of the accidental diseases. Some, again, are in the daily habit of defiling the wall of the halls or sleeping apartments with their excretions, causing unwholesome odors, and requiring the constant vigilance of attendants to preserve cleanliness. * * * I congratulate myself daily on being instrumental in introducing it into the Marseilles Asylum. * * I have also employed it for some excited patients; and it is a remarkable fact, that I never saw the least accident result from its use, nor the excitement increased."—*Aubanel*.

"Being desirous at all times to avail ourselves of every improvement in the care of the insane, we had the bedstead recommended by Dr. Aubanel constructed for the State Lunatic Asylum, N. Y., and though not disposed to expect all the advantages claimed for it, we have been highly gratified with its operation. Hitherto we have employed it chiefly in mild cases, attended with restlessness and indisposition to remain in bed, and for patients affected with swollen or ulcerated extremities; and, thus far, have thought it better adapted to such cases than to those in which much maniacal excitement is present. In some cases of anasarcous limbs and unhealthy ulcerations over the tibia, where the ordinary treatment by bandages and adhesive plasters failed, from the incessant restlessness of the patients, the improvement effected by the use of the bed was equally decided and gratifying. As to the moral effect of the apparatus, our present experience confirms that of the French physician. No patient has, as yet, complained of this mode of restraint. Indeed, some have assured us that their personal comfort was increased by sleeping in it."—*Brigham*.

This mode of restraint has been used in the Asylum at Utica since its introduction by Dr. Brigham.—*Eds. JOUR. OF INSANITY*.

cases of chronic dementia, in which the patient is passive and disposed to stand through the night. He could not deny that the crib-bedstead was an ungracious-looking machine; but that objection lies equally against all instruments of restraint.

The use of the straps could certainly be more easily concealed from visitors. He thought, if the restraint was seen, appearances were in favor of the covered bed.

Dr. Nichols stated, that when he was attached to the Utica institution, there was a patient in it who would never lie down, unless placed in one of these covered beds. His case was chronic, and he was nervous, restless and irritable, but not violent. He was a lawyer by profession, and a man of much intellectual culture; and whenever the utility of these beds was questioned, or a visitor, unacquainted with them, desired to have their construction and use explained, Dr. Brigham was in the habit of sending for the "Squire" to make the necessary defence or explanation, thinking that he would be regarded as a witness with a bias on the right side. His views, it was hardly necessary to add, were in favor of the use of the bed, and were set forth very ingeniously and very satisfactorily.

Dr. Kirkbride said he had heard the same kind of testimony as to the good effects of the "tranquilizing chair," and the strait jacket, and all other kinds of apparatus formerly in use.

Dr. Nichols believed the bed quite as agreeable to the patient as the strap. In acute and violent cases, in which the patient is liable to beat his head against the cover, in surgical cases, and, perhaps, in those disposed to suicide, he would use the strap; in all others that now occurred to him, he preferred the covered bed. He did not use the covered bed in the Bloomingdale Asylum, while he had medical charge of that institution, in consequence of finding several sets of Wyman's strap on hand when he went there—enough to effect coercive recumbency in all cases that ever at any one time required it, and he never wished to multiply restraining apparatus unnecessarily.

Dr. Workman said he had just made an experiment of the use of the crib-bedstead. The case was one in which the patient had a number of varicose veins, and was becoming emaciated and very restless. Having secured the horizontal position for some time, the limbs were improved and the varicose condition subsided. He was satisfied there must be a general repugnance toward this means of restraint, as well by visitants as by fellow-patients. He had found the horizontal position of great advantage with those of a melancholy character, in whom there was a degree of dizziness of the head, clammy sweating of the hands, and a general torpor of the vital powers. He had found

the recumbent position particularly useful in the climate of Canada during the winter.

Dr. W. also concurred in the views expressed by others as to the influence of decayed teeth, and said that, in the first month of his administration, he, together with his assistant, extracted three hundred stumps. He was very particular in ascertaining the condition of the teeth of his patients. When a patient has a good set of sound teeth, he considered it a favorable indication to hope for restoration.

Dr. Brown said that a lad was recently brought to the Bloomingdale Asylum, whose insanity was, *per contra*, produced by the removal of fourteen teeth at one sitting.

He supposed that he was responsible for the construction of the first crib-bedstead used in the United States, which was made at the Utica Asylum, under the direction of Dr. Brigham. Although there had never been one at Bloomingdale, his own impression with regard to their benefit corresponded to that of Drs. Buttolph and Nichols. He had always regarded it like any other instrument of restraint—one to be used in cases where it seemed to be indicated, as in emaciated and restless aged persons, whose integuments are easily abraded by the slightest friction. He had recently a female patient of such a character and with spinal curvature, which rendered the use of ordinary modes of securing the horizontal position impracticable—whose life, he believed, would have been prolonged, if not saved, by such a bedstead. Though not regarded as suicidal by her family, she was confined to the bed by Wyman's strap on the first night, to ensure rest after a long journey. This was omitted on the second night, on account of the unusual pain from the patient's deformity, though again indicated by her extreme restlessness. That night the patient destroyed herself by suspension, never before having evinced any such disposition during the six months of her disease.

Dr. Brown stated that this form of restraint seemed to be approved in England, Dr. Hood, of Bethlehem Hospital, having published a drawing and description of a web-covered bedstead in Dr. Winslow's Journal, for July, 1852. He also added that two or three applications for dimensions, &c., of the crib had been made to the physician of the Flatbush Asylum by families of epileptic patients who had used them while in the Asylum.

As to the patient for whom the first crib was made at Utica, he became so attached to his bedstead, that, when deprived of it for a few nights, while occupied by another patient, he came to Dr. Brown and begged that it might be restored to him, saying, "You know, Doctor, that we are all creatures of habit, and I can't sleep without it."

The President (Dr. Ray) said he was inclined to think the importance of a recumbent position had not been overestimated. If there was any point in treatment which he considered as perfectly established, it was the necessity of obtaining recumbency in certain forms of disease. The vital powers are more rapidly exhausted in a standing position, and, unless some means are resorted to to obtain recumbency, the patient must fail. It is important to obtain recumbency for very long periods of time in some of these cases. If the patient is on his feet, and subject to much agitation and jactitation, artificial means to secure recumbency are indispensable. As to the comparative merits of the bed-strap and crib, he could conceive that the crib might be preferable in some forms of insanity; and he thought there was some force in the remark of Dr. Nichols, that the *appearance* of the bed-strap might be as obnoxious as that of the crib. The necessity of some kind of restraint is so well established in this country, by the frequency of the more acute forms of insanity, that it must always prevent the existence among us of thorough-going advocates of non-restraint. He thought that if the English had had our experience, and saw the effect of recumbency on the cases alluded to, they would hesitate to take the ground many of them have taken in regard to restraint.

Dr. Buttolph stated some cases in which he considered the crib preferable to the strap: the most important are those in which there are excoriations of the back and limbs, or boils in parts that would be painfully compressed or irritated by the application of straps, or by the posture required by their use, and in some cases of involuntary or frequent discharges from the bowels, in which the frequent soiling of straps and the consequent changes required would be an almost insuperable objection to them.

Dr. Nichols inquired of Dr. Buttolph if he would not prefer the strap in cases where there was violent mania and struggling.

Dr. Buttolph would use the crib where the patient was not in a condition to injure himself. He would use it with discretion, as he would any other remedial means.

Dr. Nichols then read a paper presented by Dr. Buttolph, consisting of extracts from letters written by Miss Dix, with regard to her visit in Great Britain.

The Association adjourned at a quarter past six o'clock to meet at nine o'clock the following morning, at the Tremont House.

SECOND DAY—MAY 23.

The Association met, according to adjournment, at the Tremont House.

The minutes of the proceedings of yesterday were read by the Secretary.

Dr. Tyler, of Concord, N. H., read a paper on "The Treatment of Periodical Insanity."

Dr. Tyler said that by periodical insanity he meant that form of mental disease in which a period of mania is followed by a lucid interval, of longer or shorter duration, during which the patient seems to have recovered mental health. He acknowledged that he had derived some hints from a work written by Dr. Dickson, an ex-medical officer of the British staff, devoted to an exposition of what the author styled the chrono-thermal system of medicine, *et cetera*, which had been exceedingly serviceable to him, in the treatment of certain intractable diseases of the nervous system, and also in the treatment of insanity. That theory makes intermittent fever the type of all diseases, and aims to treat it by regulating the temperature in the exacerbation, and by prolonging the interval of repose by those agents which influence the vital forces—the calefactors of the system. "Applying these views," said Dr. T., "to the treatment of the form of insanity under consideration, it is evident that if by any means we can prolong a lucid interval indefinitely, the patient is relieved, if not cured. Acting, therefore, on the principle of producing in the nervous system, by a shock given thereto just previous to an expected attack, such a change of action as shall be incompatible with the existence of mania, and during the lucid intervals, administering anti-periodics, I have had some satisfactory results."

Dr. Tyler then detailed four cases of periodical mania successfully treated on the plan he had indicated.

The first one cited was as follows :

"A. T., a farmer, aged sixty, and weighing 220 pounds, had for eight years been subject to attacks of mania, recurring very regularly every six months, and continuing for three months. These were always followed by a three months interval, during which he seemed well in mind, and capable of attending to his own affairs, with the exception of a slight distrust of himself. He would speak of his insanity, and dreaded its recurrence. During his mania, he was excessively noisy, violent and filthy, and in the interval a very quiet, neat and civil man. Not long

after I made his acquaintance, and had received from him an account of his malady, he one day informed me that he was getting ill, and begged me to have him locked in one of the cottage rooms before he got so bad as to resist being taken thither. I acceded to his request, and at the same time told him that I would endeavor to prevent his ill turn, if he would follow all my directions. To this he assented.

“I first gave him a powerful emetic of ipecac and antimony, upon the same principle that I had often administered the same remedy, to prevent an expected chill in intermittent fever—that is, to break up the customary sequence of deranged action; or, in, perhaps, the more expressive railway vocabulary, to ‘switch him off’ from his long-traveled track.

“After a prompt action of the emetic, a cathartic dose of calomel and jalap was exhibited, and afterwards salts and senna, followed by blisters to the nape of the neck and ankles. This was not entirely unsuccessful. A period of mania followed, but of less severity and *shorter* duration than any previous one. Nearly six months afterward, the usual premonitory symptoms gave warning that another attack was at hand, and the patient was subjected to the same ordeal as before. No attack of mania followed. He soon became well, and has so continued to the present time—a period of more than two years.

“The character of periodicity was equally well marked in the other three cases, the treatment of which was equally successful. They differed from the first case only in a greater reliance upon, and a more prolonged exhibition of quinine, iron, arsenic and other anti-periodics.”

At the close of his paper, Dr. T. remarked that the cases cited were “taken from among others equally marked.”

Dr. Curwen opened the discussion of this paper by expressing his interest in the success of Dr. Tyler’s treatment of the disease in question—a degree of success which he had not himself been able to realize.

Dr. Buttolph said that it was well known that the actions of the system in health are, to a certain extent, periodic, and that he saw no reason why advantage should not be taken of our knowledge of this fact in treating periodical insanity to the same extent as in other diseases of this character.

Dr. Brown hoped that this paper, like others of a similar practical bearing, would find permanent record in the JOURNAL OF INSANITY—evidence that the opprobrious charge of disregarding the aid of medicine in the treatment of insanity, which is too often laid at our doors, is not altogether deserved. He lived in a malarious district, where all diseases exhibited, more or less, an intermittent type, and though never

employing emetics, as recommended by Dr. Tyler, he had used quinine in large doses, with apparent benefit, in cases of insanity. The popular belief that mental disease yields to an invasion of fever and ague, he had not found verified; but cases in which attendants think they discover exacerbation and remissions of both mental and physical disturbance on alternate days had generally terminated in recovery, according to his observation.

Dr. Workman had known emetics administered, in anticipation of paroxysms of periodical insanity, with good effect; and thought quinine and emetics might be employed as well in periodic insanity as in other diseases of like character, especially if the patient had been exposed to malaria.

Dr. W. also remarked that he had recently used opium in large doses frequently repeated.

In the case of a Frenchman, who was very violent in his paroxysms, he administered it in doses of from three to five grains, repeated at intervals of six hours. After having produced the impression of sedation, he did not think it necessary to repeat the dose as frequently, and the patient in question recovered rapidly.

Dr. W. asked Dr. Tyler in what sized doses he used the anti-periodics which he recommended.

Dr. Tyler replied that he gave only small doses, in order to change the action of the nervous system in its influence over the vital forces.

Dr. Cutter expressed the pleasure the presentation of the paper under discussion gave him.

Thirty years ago, Dr. Chaplin, of Cambridge, was in the habit of giving pretty active medicines, with the view of bringing about, in the first place, a *change in the system*. When he (Dr. Cutter) first opened his private asylum, his practice was to give medicines to produce a good shaking of the system, looking for it to be followed by a new action. He gave medicines in large doses, which often prostrated the patient so that his body would be covered with perspiration. He afterwards subjected the patient to a gentle course of treatment, sometimes using stramonium freely. He was of opinion that not enough medicine was given at the present day. In his early practice he scarcely ever had a patient return to his home uncured. It is true that all his cases were recent—none chronic.

Dr. Athon had no experience of the kind related by Dr. Tyler. He had used antimony and Epsom salts, as an emeto-cathartic, the first thing in the treatment of a violent case. He had also used iron with success, and occasionally given quinine, but not in anticipation of a paroxysm of insanity.

Dr. Harlow informed the Association that he had often checked paroxysms of insanity by the introduction of the seton into the back of the neck. He regarded this discussion as one of peculiar interest.

Dr. Walker said it was formerly his custom to administer emetocathartics, and generally with benefit. One patient, for whom he had frequently prescribed the remedy, called it the "up and down number nine." Of late he had used chloroform in half-drachm doses in like cases, and with good effect. He had never administered it by inhalation.

Dr. Kirkbride had been under the impression that, in periodical cases, very often, the less that was done the better, provided they were put in a position to avoid excitement and allow them as much liberty as possible. He had used quinine in large doses, but had seen little good effect from it. He had given twenty grains at a time. He thought they did as well and were more comfortable when allowed to be in the open air as much as possible, even in cases of violent excitement. He had a case in his institution whose periodic returns of insanity occurred once or twice in a month, and in this case opium had often proved useful for a short period, and then the patient did better without it. He had no objection to the use of ipecacuanha; but he had some doubts whether it was justifiable to "*shake up the system*," in the way which had been alluded to, by antimonial emetics. His own experience, extending through a number of years, of the effect of an emetic of antimony had led him to abstain from its use.

The President (Dr. Ray) observed that the kind of therapeutics which has been successful in the treatment of other periodical forms of disease might naturally be supposed to be applicable to periodical insanity. The result of such treatment, however, presents a great deal of discrepancy, and he would not endeavor to reconcile or account for it. We should be cautious how far we are influenced in our therapeutical views with regard to the origin of diseases. All diseases are more or less periodical in their character, there never being a uniform progress of the symptoms day after day, and week after week. So strikingly is this fact exhibited, that a work had been written to prove that all diseases had their origin in malaria, because all presented this trait of periodicity.

Dr. Cutter's remarks as to his success probably surprised many; but it may be explained without detracting from the Doctor's skill or veracity. When Dr. C. began his career, insanity was not exactly the same thing that it is now. Those cases of high excitement coming on suddenly, formed a larger proportion of the whole number than they do now:

while those cases also preceded by depression of the vital powers, or ill health, have probably increased since that time. In a case of the former kind, we all know the progress is more certain. It is necessary to regard particularly the character of the case, and not make the mistake of applying the same treatment to all cases that happen to be called by the same name. Much mischief has been done by following a theory, and therefore much discrimination is needed.

Dr. Smith concluded the discussion of this paper by remarking that patients in Missonri often came to the State institution under his charge laboring under intermittent fever, and the majority of the cases in the establishment have been clearly traced to protracted attacks of that disease. Sometimes the use of quinine, in his experience, was attended with good results. He had no experience in the use of emetics to prevent periodic attacks. He would fear to use them in many cases, particularly if antimony were the medicine designed to produce emesis.

The Association here adjourned to the room of the Common Council, agreeably to an invitation of the Mayor, and, when reassembled, Dr. Gray read a paper "On the use of Anæsthetics in the New York State Lunatic Asylum."

The experience of several months in the exhibition of these agents, in that institution, was given; and many points, referring to the choice of the particular article employed, and special indications for their use, were considered. That portion of the paper detailing the results of the administration of chloroform in cases of obstinate refusal of food gave rise to an interesting discussion.

Dr. Workman commented upon the paper which had just been read, by remarking that the judicious use of chloroform would, he thought, enable them to dispense with the use of the tube in giving food. He had often been able to dispense with the tube in cases of refusal to take food, by recourse to alcoholic stimulants. A patient of his would not, and did not, take any solid food except one candle, which he obtained by stealth, from the 14th of July to the 29th of October. Brandy punch was administered once or twice daily, or sometimes Scotch whiskey instead. This course generally tended to produce an artificial appetite, after which no further persuasion was necessary. He would advise an effort to dispense with the frequent use of the tube by resorting to this treatment.

Dr. Bell inquired how Dr. Workman proposed to get the patient to swallow brandy punch, when he refused to take anything.

Dr. Workman responded, that it could be done by perseverance. Get the brandy punch to the lips, and *it has a very fascinating influence.*

Dr. Fisher would regard it as a great blessing if brandy punch could be substituted for the use of the tube.

Dr. Cutter inquired of Dr. Gray which kind of anæsthetic he used.

Dr. Gray replied that they had used both sulphuric ether and chloroform, but in most cases preferred the latter. The manner of administering it had been to pour a few drops on a handkerchief, and to allow an inspiration of the anæsthetic to alternate with one of air: with this precaution, no unpleasant result had occurred.

Dr. Athon had relied wholly on the tube for the coercive administration of food and medicine.

Dr. Buttolph was much interested in the paper under discussion, but he had not himself used chloroform for the purpose described. He feared the anæsthetic might have the effect of prolonging the delusion of the patient. He was pleased with Dr. Workman's suggestion in regard to the use of punch.

Dr. Kirkbride had had no experience in the use of chloroform. He thought he had seen very unpleasant results from the use of the tube, and he had often been able to dispense with its use by administering strong nutritious preparations by the rectum. He thought he had saved several patients in that way, and had even more confidence in that treatment than he expressed last year.

Dr. Walker observed that he had often given brandy and milk, and had succeeded, in a short time, in inducing patients to take food readily. He had not used chloroform for the purpose under consideration, though Dr. Stedman, his predecessor, did use it, and thought he had saved life by it. For himself, his fear of chloroform was so great that he thought he should never use it.

Dr. Choate had used chloroform with success, and believed it could be substituted for the tube in many cases of obstinate resistance to the introduction of that instrument.

The President (Dr. Ray) said his views of etherization were fully expressed at the meeting last year, and they were confirmed by subsequent experience. He saw no reason for preference of any other form of this agent over the common rectified sulphuric ether, because it is not open to the objection which lies against the others, that they had unquestionably proved fatal in many instances.

Dr. Ranney found the spoon less unpleasant to the patient than the tube: when patients resisted the latter instrument, he had been able to substitute the former with great success.

The President (Dr. Ray) suggested that they had probably been inclined to resort to the tube too entirely, to the exclusion of other

mechanical means. The date of its use is recent. Previous to the present century the spoon was used altogether; and when its use is practicable, it is preferable to the tube.

Dr. Cutter had used sulphuric ether in many operations, but never chloroform. He thought the bad effects of ether occasioned by the too prolonged exhibition of it.

Dr. Bell read a paper on what are called the "Spiritual Phenomena," supplementary to one which he presented at the last meeting of the Association, at Washington, of which no report had ever been made, by request of several members. They considered that the whole subject was then too immature, and so much connected in the public mind with the ridiculous, as to make it inexpedient that it should be more than generally announced as among the topics discussed by the Association.

As it is understood that these papers will not be published—their basis being much in certain domestic experiences—it is thought best to present a brief summary of the leading facts and conclusions.

Dr. Bell commenced by expressing his surprise last year in finding that, at so large a meeting of persons whose lives were spent in investigating the reciprocal influences of mind and body, scarcely a single member had given a moment's attention to a topic directly in their path, which, whether regarded as merely an epidemic mental delusion or as a new psychological science, was producing such momentous effects upon the world. It was now said to number over two millions of believers, had an extended literature, a talented periodical press in many forms, and had certainly taken fast hold on many minds of soberness and power. He was well aware how easily it was turned to ridicule, and that there were many who would be ready to ask, when they saw hospital directors seriously discussing the spiritual phenomena, *Quis custodiet ipsos custodes?*

But if there was any class of men who had duties in this direction, it was those of our specialty. Our reports contain the record of many cases of insanity said to be produced by it. It was important, whether true or false, or mixed, that its precise depth, length and nature should be studied out. As is well known, mystery always loses its terrific character when boldly met and opened to the light of noonday.

Dr. Bell remarked, that, on his return home from our meeting at Washington, he had a peculiar wish to verify his previous observations on what are technically known as the physical manifestations of this new science. He could not pretend that he could doubt his repeated personal observations, addressed to his sight, hearing and touch, and separated, as he believed, from any possibility of error or collusive

fraud. Yet the offer, by Professor Henry, of a large sum to any person who would make one of *his* tables move in the Smithsonian Institute, and the obvious incredulity of many of the "brethren," had induced the desire again to see some full and unequivocal experiment in *table-moving*.

An opportunity was not long wanting. On the occasion of the visit of a well-known gentleman, long connected with the insane, and who never had seen any of these phenomena, to the asylum, Dr. B. invited him to go to a family where a medium of considerable power was visiting. The family was one of the most respectable of the vicinage, the head of it being a gentleman entrusted with millions of dollars of other people's money, as the financial manager of a large banking institution. He and his wife had for some years been perfectly convinced of the spiritual character of these manifestations. The medium was a young lady of eighteen or twenty, of very slight figure, weighing eighty or ninety pounds, and had discovered herself to be a *medium*, while on a visit to these distant relatives. A family, from character and position, more entirely beyond the suspicion of even winking at anything like fraud or irregularity does not exist in the world. They were so fortunate as to find the medium at home, and the circle was made of the five persons mentioned. The ordinary manifestations of raps, beating of musical tunes, and responses to mental and spoken questions, were very completely presented, as well as the movements of the table under the mere contact of fingers' ends. Finding that things appeared very favorable to a full exhibition of what he wished to see, as evinced by the very facile movements of the table under contact, Dr. B. proposed trying the grand *experimentum crucis* of the physical manifestations—the movement of the table without any human contact, direct or indirect. He was permitted to arrange things to suit himself, and began by opening the table more widely, and inserting two moveable table-leaves, which increased the length from about six to perhaps nine or ten feet. This he felt also gave him an opportunity to disturb and see all wires and mechanism concealed, or, at least, to answer positively as to their non-existence. The table was a solid structure of black walnut, with six carved legs, the whole of such a weight that, when the castors were all in the right line for motion, he could just start it by the full grasp of the thumb and fingers of both hands.

The persons stood on the *sides* of the table, three and two, and back from its edge about eighteen inches. As Dr. B. is some six feet two inches in height, he averred that he had no difficulty in seeing *between* the table and the persons of all present. The hands were raised over it at about the same height of a foot and a half.

At a request, the table commenced its motion, with moderate speed, occasionally halting and then gliding on a foot or two at once. It seemed as if its motion would have been continuous, if the hands above it had followed along *pari passu*.

On reaching the folding doors, dividing off the two parlors, and which were open, it rose over an iron rod on which the door-tracks traversed, and which projected half or three quarters of an inch above the level of the carpet. It then entered the other parlor, and went its whole length until it came near the pier-glass at its end—a centre-table having been pushed aside by one of the party to allow its course.

At request, for they, during this time, spoke as if to actual beings, the motion was reversed, and it returned until it again reached the iron rod. Here it stuck. The table hove, creaked and struggled, but all in vain; it could not surmount the obstacle. The medium was then “impressed by the spirits” to write, and seizing a pencil, hastily wrote, that if the fore legs were lifted over the bar, they (*i. e.*, the spirits) thought they could push the others over. This was done, and the motion kept on. Once or twice Dr. B. requested all to withdraw a little from the table, “to see how far the influence would extend.” It was found that whenever a much greater distance, say two feet, was reached, the movement ceased, and a delay of three or four minutes occurred before it re-commenced, giving the idea that, if broken off, a certain re-accumulation of force was needful to put it in motion again. The table reached the upper end of the parlor from which it started, but was left at some four feet from the medium line of the room. Dr. B. expressed the thanks of the company for the very complete exhibition with which they had been favored, but remarked that the obligation would be enhanced if the “spirits” would move the table about four feet at right angles, so that the chairs would come right for their late occupants. This was immediately done, and the performance was deemed so perfectly full and satisfactory that nothing more was asked at this session.

Dr. B. was understood to say that this made some five or six times in which he had seen the table move without human contact, and all under circumstances apparently as free from suspicion as this just related. He also stated that the Rev. Mr. P., a clergyman of extraordinarily sagacious perceptions and mechanical skill, took this same medium to his own house, without previous thought, where she never before had been, and where his own table, in the presence of his own family alone, went through the fullest locomotion without human touch. Dr. B. mentioned, that, in his last experiment—that just narrated—the entire space moved through was over fifty feet.

Dr. B. then passed to the topic of responses to mental and verbal questions, and gave several narratives of long conversations with what purported to be the spirits of persons dead for twenty-five to forty years, in which every question he could devise relating to their domestic history, and to events in it known only to them and him, had been truly answered. Some of the questions put mentally—*i. e.*, without speaking or writing—had half a dozen correct replies, forbidding, of course, completely, on any doctrine of chances, the contingency of accident or coincidence, as such *mental* questions, *per se*, negative the explanation of previous knowledge on the part of the medium.

A brief abstract of one of these will give a general idea of their character. Dr. B. had frequently remarked to his "spiritualist" friends, that if any medium could reproduce the essential particulars of a final interview which had occurred between himself and a deceased brother, in 1826, he should be almost compelled to admit that it came from his spirit; because he was sure that he (Dr. B.) never had communicated it to any living being. Hence, as it never had been known to but two persons, and was of so peculiar, well-marked a character as not to be capable of being confounded by generalities, he should hardly be able otherwise to explain it. A few weeks afterwards, what purported to be the spirit of that brother narrated the essential particulars of the interview, the place where, down to the well-recollected fact *that he was adjusting the stirrups of his horse*, preparatory to a distant journey, when it was held!

Pretty early, however, in his investigations, Dr. B. began to find that, however correct his spiritual conferees were in most of their responses, the moment a question was put involving a response, the truth of which was unknown to him, uniform failure occurred. Sometimes, where he believed, at the time, that his questions were truly answered, subsequent information had shown him that he had been mistaken. He had answers which he believed to be true, when the facts were decidedly otherwise.

Pursuing this train of inquiry, he found the "spirits," while averring that they could see him distinctly, "face to face," never could read the signature to letters taken from an old file, and unfolded *without his having seen the writing*. Yet as soon as he had cast his eye upon the signature, without allowing any one else to see it, it was promptly and correctly reproduced by the alphabetical rappings. And again, when he had made a previous arrangement with his family that they should do certain things every quarter of an hour at home—he, of course, not knowing what—while he was to ask the "spirit" what was done at the instant, uniform failure occurred. He proved, too, that the theory of the

“spiritualists” to meet such difficulties—viz., that evil or trifling “spirits” interfered at *their* end of the telegraph—was not tenable. For the responses, just before and after these gross failures, had been eminently and wonderfully accurate, and the “spirits” not only declared that they saw with perfect clearness what was going on at his house, but denied that there had been any interruption or interference.

Dr. B. also gave examples where test questions, involving replies *unknown* to the interrogator, had been designedly intermixed with those which were known. The result uniformly was, that the known responses, however curious and far remote, were correctly reproduced,—the unknown were a set of perfectly wild and blundering errors, the response often being obviously formed out of the phraseology of the question, as a *stuck* school-boy guesses out a reply!

The result of the inquiries of Dr. B. and his friends—for several gentlemen of eminently fitting talents pursued the investigation with him—was briefly this: *that what the questioner knows, the spirits know; what the questioner does not know, the spirits are entirely ignorant of.* In other words, that there are really no superhuman agencies in the matter at all—no connection with another state of existence; but that it bears certain strong analogies to some of the experiences of *clairvoyance*, in that mysterious science of animal magnetism, as it has been protruding and receding for the last hundred years. Dr. B. thought there was some reason to believe that the matter reproduced may come not only from the questioner, but if in the mind of any one at the circle, that it might be evolved. He made some observations upon the evidences of spirit existence, drawn from the character of the matter communicated by the mediums in a state of *impression*, when, as is believed, spirits express themselves through the human agent. Of course, the quality of such composition is more or less a question of taste. Much of it is elevated, indicating high intellectual and moral capacities in the mind to which it owes its origin. Much more is absurd, puerile and disgusting, infinitely below the grade of the human productions of the same persons from whom it professedly comes. Yet the spiritual revelation has given us nothing of such extraordinary value or novelty as to stamp it, in the judgment of unprejudiced minds, as of super-mundane production. Dr. B. alluded to a treatise which had been put into his hands by an earnest spiritualist, purporting to be the work of Thomas Paine, the author of the “Age of Reason,” &c., which was thought would carry conviction to anybody, as it purported to be a full explanation of the formation and changes of this earth, by one who, from his *situs*, must know all about it. The truth was, that the work was the production of some mind, celestial or mundane, igno-

rant of the very first rudiments of chemical philosophy, in which the most ridiculous blunders were made, on every page, in matters which are as demonstrable as mathematics, and where, of course, the answer cannot be made that the revelation was too high for common readers. Nor does Dr. B. believe, from his observations, that the waters from this fountain ever reach a higher level than their source. The most elevated specimens of the spiritual literature would, no doubt, be found in the communications from Swedenborg and Lord Bacon, in Judge Edmonds' and Dr. Dexter's first and second volumes. Yet, whoever reads the very elegant and powerful preliminary treatises of these gentlemen, which Dr. B. thought would compare favorably with any writings of the kind ever published, would not be able to feel that Swedenborg and Lord Bacon, after their nearly one, and more than two centuries' residence amidst the culture and refined senses of the superior spheres, had more than equaled their unpretending amanuenses yet in "the vale of tears."

Dr. Bell paid a glowing tribute to the character of Judge Edmonds. He did not believe that modern history could furnish an example of a more noble, chivalrous, self-sacrificing devotion to what he believes to be the altar of truth, than that gentleman had evinced. He had not hesitated to sacrifice the loftiest political and professional prospects, as well as some portion of a well-deserved social influence, to his convictions. The days of the martyrs were not over, although the days of the faggot, the cross and the stake might be. When Judge Edmonds promptly and decidedly told a political committee, which waited upon him to announce that he must abandon his high office or suppress his book, that he would be bought at no such price, he stood as noble a one of the army of martyrs as any church has canonized!

Dr. B. concluded by the expression of his full conviction that, while the faith in spirits must be given up, as connected with these facts, it was a topic, whether regarded as a psychical novelty or even as a delusion, cutting deeply into the very religious nature of our people, which was worth our fullest examination. *There were great, novel, interesting facts here.* They had not been treated fairly and respectfully, as they should have been. The effect was, that the community, knowing that here were *facts*, if human senses could be trusted at all, went away from those who should have thrown light upon the mysteries, but who would not or could not, to those who gave some explanation, even if it was one which uprooted all previous forms of religious faith. He hoped that the members of this Association, who were as much required to examine this topic as any order of men, except, perhaps, the clergy,

would not be afraid of looking it in the face, from any apprehension of ridicule, or of degrading their dignity.

Dr. Gray inquired if there were any perceptible effects produced upon the feelings or health of the mediums by the exercise of this power.

Dr. Bell replied that his inquiries of them led him to suppose that there were no palpable influences from this cause. One of the most intelligent and successful of these, in public practice—Mrs. Hayden, now in England—assured him that she was conscious of no ill effects or feelings, beyond the tedium of prolonged, monotonous sessions with her crowds of visitors, whose wonderful recognitions of deceased aunts, parents and friends, although very surprising to them, were “thrice-told tales” to her.

Dr. Cutter wished to know if Dr. Bell supposed that the medium was conscious of what was passing in the mind of the questioner.

Dr. B. thought such was not the case. The mediums all concur (and many of those in private life, at least, are of the highest worth—and, indeed, he believed many who gratified those interested by paid sessions to be no less worthy) in declaring that they have no consciousness of any participation in what is going on before them. Nor could he see, in the temperaments or other indications of the mediums, anything in common. They ran through a wide expansion of intelligence, from Judge Edmonds down to the most moderate intellectual development.

Dr. Cutter inquired how Dr. Bell supposed the raps to be made.

The Doctor admitted his entire inability to suggest how, any more than why the magnetic needle should insist upon turning towards the north, instead of S. S. E.

Dr. B. remarked that there were a great number of curious facts connected with the various branches into which these phenomena had run off, into the consideration of which he had not time to enter. He considered them all as of less intense interest than the great question of the veritable existence of the “*spirits*.” “The *trance* speaking, the impressions of a visual panoramic order, the composition of all sorts of prose and poetry, the curious ‘spirit-drawings,’ and still other manifestations. Of some of them it is very difficult to make an explanation; others may hereafter be found in the class of hysteric-nervous excitements, in which the individual, without any intention to deceive, is so wrapt up in an eternal flow of fancies as to lose consciousness of external things: yet the intellectual processes go on.”

“Still other phenomena may, perhaps, be proved to be connected with the duality of the brain. It is undoubted that that organ is like the ear—

and eye, each of which is one of two symmetrical duplicates. "When both act concurrently, but one class of effects is produced. When the ear or eye becomes dislocated from its fellow, double vision and disturbed audition result. One eye may be habitually passive, as seems to be one perfect optic of the cross-eyed, and the attention is not called to the images which it presents, although these images may be all distinctly pictured on the retina, and may, by some association, or diseased action, be subsequently reproduced. The analogy of the brain to these facts is shown in the phenomena of dreaming, in which we do, and say, and think things which are utterly foreign to our habitual feelings and views, as much as one mind could vary from another. Or, again, it is illustrated in not infrequent examples of periodical mania, where, for a period of weeks, or months, or years, the patient lives in a certain state of moral, intellectual and affective existence perfectly unlike the other remnant of his life. Were a new guide or governor known to enter the sensorium and assume the reins, a more completely distinct set of results could not be expected.

"The phenomena of impressions made upon an organ, and afterwards reproduced in disease, are common in the books."

"Dr. B. admitted that many of the responses made by the purporting 'spirits' of your friends are so odd and unnatural, as compared with your own thoughts or manner of speech, as to make it difficult to believe that they ever came from your own habitual brain—that is, that part of your brain which you recognize as responsible to your own individuality."

He related an incident illustrative of his meaning. He was once attending a session, or circle, where his position was at the bottom of a long table, at the head of which the "medium" sat, and on each side of her were some other persons. All had paper and pencils in hand, to minute down the responses, &c. Owing to some "want of harmony" or other cause, the "spirits" failed in correct replies, and a good deal of confusion and repetition occurred. Often their reply, through the alphabet, was, "We don't know," "We can't tell," &c. Dr. Bell was amusing himself, under these delays, in drawing with his pencil a grotesque figure of an imaginary animal—a sort of griffin, with horns, tusks, &c., &c. After one of the replies of the "spirits" that they "didn't know," the Dr. rather pettishly lifted his pencil from the paper and said, "Well, do you know what this is?" The response was at once rapped out, "It is hard naming that beast"! As he was in a position where no eye could overlook him, and where no person beside himself could know what was drawn, he was at a loss to know out of

whose brain, except his own, the quick repartee could originate. He certainly thought it strange.

The Dr. also mentioned other cases where the idea in the questioner's mind was reproduced, but in different phraseology from that he held. A "spirit," for example, was asked where she had been buried. The true answer was, *St. Augustine*. The letter *S* was first rapped; he waited at *A*, having no idea that the contraction would be used, but *it was*, the rap being made at *T*.

Dr. Nichols inquired whether Dr. B. had had any further experiences and observations in the curious *inverted*, *reversed* handwriting, of which he had given an account last year.

Dr. B. replied that he understood that that phenomenon of handwriting, where the pencil began at the *last* part of the *last* letter of the *last* word of the *last* sentence, and ran back rapidly to the beginning, being also *upside down* to the writer, was not uncommon, although he had not again met with it. In one instance in his experience lately, the medium wrote in a reversed manner, so that the writing could be read in a mirror, or by being held up to the light, back to the reader—obviously a very easy thing as compared with that just described.

Dr. B. had seen many of the "spirit drawings," which seemed like incongruous, grotesque specimens of Chinese art—flowers, fruit and leaves being aggregated against all the precedents of nature, or laws of botanical philosophy. They were only remarkable from being the production of persons unskilled in the use of the pencil, as was declared to be the case. Dr. B. concluded by remarking that he regarded the question, whether spirits of the dead had anything to do with these phenomena, to be so much more important, in a practical point of view, than any of the other, minor facts connected with them, that he had pretermitted much of his attention to these curious incidents, in order to direct his investigations more to the other point, the result of which he had endeavored to give.

Dr. Butler continued the course of remarks elicited by this paper by saying, that when such statements were made by a man of as philosophical a mind as that of Dr. Bell, he thought them entitled to far more consideration and respect than he had been accustomed to give them. He hoped the Association might have the opportunity of witnessing some of the manifestations.

Dr. Workman was glad that such minds as that of Dr. Bell were investigating a subject that had been coupled with so much humbug; but was, after all, opposed to taking much trouble with the manifestations, since so little was known in regard to them, and as they had revealed nothing new to us.

Dr. Worthington remarked that he had so strong faith in the fixed and immutable laws of gravity, that he would sooner disbelieve the evidence of his own senses than believe that tables were moved without contact.

Dr. Buttolph thought it was incumbent on the members of the Association to endeavor to ascertain what is true and what is false in reference to the so-called "spiritual phenomena." If the subject can be divested of its terror, it will be deprived of much of its power for evil. If the idea of *spiritual* communications can be done away with, the whole thing will be relieved of mystery, and consequent tendency to mischief. He thought that, in view of the facts stated, they were not prepared to doubt or deny entirely. Hence, he considered the subject worthy of investigation, and especially by those engaged, as are members of this body, in the observation of interesting but intricate mental phenomena. It was not impossible that a kind of atmosphere of nervous influence may surround an individual engaged as a "medium," so as to form a communication between him and another person, similar to that supposed to surround a serpent in the act of charming. He had witnessed none of the phenomena described, and had no settled opinion on the subject. He was glad Dr. Bell was satisfied that there was no *spiritual* communication about it.

Dr. Tyler thought that this Association and the world were under obligation to Dr. Bell for the pains he had taken to investigate this subject, and that they must be gratified at the conclusions to which he had arrived.

Dr. Walker remarked that he had examined the subject since the last meeting, and was convinced the raps were produced without machinery. He was inclined to think that the "spiritual phenomena" were only another phase of mesmerism. He thought it worthy of investigation, and that its tendency to evil would cease only when the law or principle of the phenomena was recognized.

Dr. Brown remarked that, as Dr. Bell, in his paper of last year, as well as in that just read, had expressed a hope that members of this Association—as composed of individuals to whom the community have a right to look for a fair investigation of this subject—would join in its examination, Dr. Bell's declaration, that he had no belief in the "spiritual" hypothesis, as applied to this broad-spread epidemic, certainly entitled his proposition to the respectful consideration of the Association, and appeared to bring the subject within the proper range of its inquiry.

For these reasons, and as the "mediums" whom Dr. Bell had been accustomed to observe resided in that vicinity, he would desire—with

Dr. Bell's consent, and if opportunity permitted before their final adjournment—that a committee of the Association be appointed to join Dr. Bell in attendance at a “circle;” and he would hope that this committee might consist of gentlemen whose seniority in the Association, and whose present incredulity in the whole matter would afford entire security against a hasty or partial judgment.

Dr. Jarvis had never witnessed any of the manifestations. The fact of the occurrence of certain of them as genuine psycho-physical phenomena was here attested by very good authority, and he hoped the same authority would be able to afford an explanation of them. He did not know enough about the subject to judge whether it was true or false, but held himself in abeyance, prepared to believe, more or less, according to the bearing of facts presented hereafter.

Dr. Fisher was grateful to Dr. Bell for the paper he had presented, and thought he had made considerable progress towards a satisfactory conclusion—to wit, that spirits have no connection with these phenomena. He believed this conclusion would have a salutary influence in correcting false impressions in regard to their character. He hoped the law of these phenomena would be developed, and brought down to the comprehension of all. He would as soon disbelieve his own presence as to disbelieve statements made by Dr. Bell.

The discussion of Dr. Bell's paper was here suspended, and, at 1 o'clock, the Association proceeded to visit the Mass. General Hospital, in accordance with the invitation, read yesterday, of the Trustees. At the Hospital, they were received by a committee of the Trustees, and the Superintendent, and politely conducted through every part of that magnificent, and admirably arranged institution. It is the just pride of the three principal Atlantic cities, Boston, New York and Philadelphia, that they have the three finest general hospitals in the Union; and medical travelers inform us that these institutions have, within the last few years, had large additions and thorough improvements made in their respective structures, in which they have rivaled each other in completeness as sanitary establishments, and surpassed all of the kind among us. It may be mentioned, that the institutions here referred to are not municipal establishments, but general charities, having a corporate organization, and directed by trustees, elected wholly, or in part, by the private contributors.

At 2 o'clock, the company was invited to partake of a bountiful collation, spread in the large reception-room. Dr. Wm. J. Dale, one of the visiting committee for the month, on behalf of the Trustees, very politely welcomed the Association to the hospitality of the institution.

Having quickly satisfied good appetites, amply tempted, the Association accepted the invitation of that distinguished pathologist, Dr. J. B. S. Jackson, to visit the pathological cabinet of the institution. After spending an agreeable and instructive half-hour in examining the excellent collection through which they were shown, and in listening to Dr. Jackson's remarks respecting some of the most striking specimens, the party took carriages, and, by invitation of President Walker, drove to Cambridge to visit the various departments of Harvard University. At Cambridge, the members of the Association were very attentively shown the library, picture gallery and mineralogical cabinet, by Mr. Sibley, Assistant Librarian; the collections in human and comparative anatomy, by Dr. Wyman; and the observatory, by Geo. P. Bond, Esq.; which were, much to their regret, all the departments of the University their time would permit them to visit.

At a quarter to 6 o'clock, the carriages were again put in requisition, and the party drove to the McLean Asylum, through every ward of which the members of the Association were conducted by Dr. Bell, the distinguished Superintendent. This is believed to be the first establishment for the insane in the country which owes its foundation wholly to individual beneficence; and it has always been eminently distinguished for the munificence of the private endowments it has from time to time received, for the ability and success of its direction, and for the liberality and confidence with which that direction has been sustained, both by its boards of trustees and by the enlightened community of the vicinage.

After a thorough and very satisfactory examination of the asylum, the Association met for business in one of its parlors, and listened to the reading of a paper, by Dr. Curwen, "On Farms attached to Hospitals for the Insane."

In this paper Dr. Curwen enforced, with many judicious suggestions, the importance, in an economical point of view, of having a pretty large farm attached to every institution for the insane,—that the patients may have vegetables, milk and poultry in greater abundance and of better quality than could otherwise be afforded. Dr. C. also remarked at some length upon the importance of a farm in connection with a hospital for the insane, as a theatre for the healthful and useful exercise of the patients. In this connection it was stated to be important to "bear in mind that regular, systematic, manual labor cannot be exacted from the insane; and that, although a few may be found, who are exceptions to the rule, the great majority of patients have not the physical ability, and, if the expression be allowable, the degree of nerve-force, requisite."

The Dr. also expressed his conviction, that the proper discipline of every hospital requires that all the patients should be so brought together that their condition can be ascertained at any time by the officers in charge, and this would be seriously interfered with, if not entirely broken up, by distributing them in a number of cottages or other buildings scattered over a farm. The plan is not a feasible one, and, even were it feasible, it is exceedingly objectionable. It would be similar to the plan of scattering the wards of a hospital, in place of having them all under one roof; and no one, who has any proper idea of the responsibilities of the Superintendent, would for a moment entertain any such scheme."

On motion of Dr. Kirkbride, the consideration of this paper was postponed.

Dr. Walker, in behalf of the business committee, having given notice of the proposed order of business for the following day, the Association adjourned to 9 o'clock thereon.

THIRD DAY—MAY 24.

At 9 o'clock, the members of the Association met at the Tremont House, and proceeded directly to Dr. J. C. Warren's cabinet, in Chestnut St., which contains the skeleton of a mastodon, and of a zeuglodon or sea-serpent, and also one of an elephant, horse, ox, and many other animals. At the room containing his interesting collection they were met by Dr. Warren, who favored them with a very interesting description of the mastodon before them, and also with a very entertaining history of five mastodons—the whole number which have now been exhumed in different parts of the world. Dr. W. then turned the attention of the party to the fossilized vertebræ of an enormous animal, which must have been some 120 feet in length, and the prototype of the modern "sea serpent." These fossil bones were found in Georgia, and are, in the opinion of the venerable and learned professor, 1,500,000 years old.

Having taken their leave of Dr. Warren, with many thanks for his distinguished courtesy, the members of the Association made their way to the City Hall, and convened for business, the Vice-President, (Dr. Kirkbride,) in the absence of the President, taking the chair. After the reading of the minutes of yesterday's proceedings by the Secretary, the Vice-President stated that he was requested to announce the appointment by the President, in compliance with a motion made

yesterday, of Drs. Kirkbride, Smith and Nichols, a committee to propose a time and place for the next meeting of the Association.

The paper read by Dr. Curwen, last evening, was then taken up for consideration.

Dr. Fisher thought Dr. Curwen had a very correct opinion of the requisites of a farm suitable for a hospital for the insane. Perhaps Dr. C. had the happiness to realize his views in the excellence of the farm attached to the institution under his care ; but he would like to inquire, without reference to a particular case of the kind, what could most wisely be done when an institution has been located in the midst of a poor soil, with water at a distance, and the land lying with an inclination to the north, instead of the south.

Drs. Chandler, Smith, Athon and Workman spoke of the paramount importance of farms of considerable size in connection with our institutions for the insane, both on economical accounts, and as affording opportunity for a kind of labor that may often be a valuable auxiliary in the restoration of the curable, and for healthful employment for the incurable. Dr. Chandler did not regard a farm so important as a source of profit, as on sanitary and moral accounts. Dr. Athon had a farm of one hundred and sixty acres, and would be glad to have it doubled.

Dr. Buttolph, in such a case as that supposed by Dr. Fisher, when there was a bad location chosen, would regard it as his first duty to publish the fact as a warning against future mistakes of the kind.

Dr. Nichols thought that very much might be accomplished in fertilizing the most barren farm, by the simple arrangement they saw in operation yesterday at the McLean Asylum, which, it will be remembered, consisted of a small windmill, employed in working a pump to raise the liquid drainage of the house from the cesspool into which it discharges. The requisite elevation being attained in that inexpensive and convenient way, the whole farm, by means of portable wooden conduits, was irrigated with the most fertilizing material, as was shown in the rank growth of grass and vegetables. Generally there is so much liquid matter in the drainage of a hospital, that it is impossible to obtain solid material enough to absorb it all into a compost ; and he had thought of no way of saving it so cheap, simple, effectual and advantageous as that just noticed.

Dr. Kirkbride said he did not suppose that there was any question as to the value of farms in connection with hospitals for the insane ; but if patients are to be employed out of doors at all, they should still be under the direction of the superintendent of the hospital.

The President (Dr. Ray) at this time took an opportunity, not offered before, to define his position with regard to the subject of Dr. Bell's

paper, read yesterday. He said, "I am obliged to repeat what I said last year, that I have never witnessed any of these phenomena—not from unwillingness, but solely from lack of opportunity. The opinion which you or I, or any individual, may entertain on the subject, is a matter of little importance in the present stage of the inquiry. The true and most important question now is, by what rules are we to be guided in the prosecution of truth, and what manner of men are to be employed in its investigation? You may say that the men engaged in these investigations are visionary men, insane, or on the verge of insanity. Others have said, and do say it. But the spirit which prompts such a statement is not calculated to extend the boundaries of our knowledge, nor to satisfy the world. By what right do you say it? Is there anything in the rules of inquiry observed by scientific men that warrants us to take that ground? I admit that we are not bound to investigate everything which solicits our attention. Something more is required, and that something more, I believe, is presented here. I believe a *prima facie* case is made out; and now it becomes those who are still unsatisfied to explain it or hold their peace. The time has gone by when it could be left solely to ridicule. It appears to me that the objection, that we are not to receive even these facts, as facts, for the reason that they are at variance with the well recognized laws of matter, is not a sufficient answer. That is what logicians call a begging of the question. The very thing to be proved is, that the laws of matter, as hitherto understood, are the only laws. The people claim to have discovered other laws of matter—a different class of phenomena from those hitherto known. The only question now is, as to the authenticity of the facts. Now, as the human mind is constituted—as the laws of evidence are generally understood among scientific men—I claim that the case is made out, so far as the evidence is concerned. We cannot reject it without unsettling the whole foundation of human testimony: I know not where we are to stop. If a man should say, in a court of justice, that he saw an individual strike another, what should we say of the counsel who should allege that the witness was laboring under an optical delusion and was self-deceived? The testimony might be objected to on the score of want of veracity, or of mistake, but not on the ground of optical delusion.

* "Now, I do not see how the case is altered, whether the fact testified to be an assault of one man upon another, or the moving of an object before your eyes. It all depends upon the vision; and the testimony can only be invalidated by *proving* that the person is laboring under an optical delusion. It is to be *proved*.

"I do not think we gain anything by falling back upon the theory of imposture. I dare say there have been impostures in this matter. But that argument proves too much, if it proves anything: it would be effectual against any other department of science. We might say that the whole of our own science is imposture, because some have pretended to cure by charms, and have sometimes apparently succeeded. I feel under great obligations to Dr. Bell for his paper. I am under obligations to any man who fearlessly prosecutes a class of inquiries which other men, from one motive or another, are careful to avoid."

Dr. Kirkbride then read a paper "On Sanguineous Tumors of the Ear, as observed among the Insane," making special reference to the interesting and valuable article on this subject, prepared by Dr. Eidler, Physician to the Hospital for the Insane at Illenan, in Baden, and published by him in the *German Psychological Journal*. He had seen no instance of the affection during the last three years, and not more than seven or eight had occurred in the Pennsylvania Hospital for the Insane, in a period of fourteen and a half years, and among more than twenty-six hundred patients. All Dr. K.'s cases were among men, and he had never seen the affection in a female. The ages of his patients varied from twenty-five to sixty, and they invariably occurred in those who were highly excited. The state of the general health did not appear to him to be particularly connected with this affection. It certainly had not been peculiar to those who were much prostrated, or were laboring under other diseases.

In reference to the cause of this peculiar affection, Dr. K. had always felt disposed to attribute it to violence of some kind, although he had no positive evidence of such being the fact in any one case. But the patients whom he had seen affected with it were always of that class who were constantly getting into difficulties with their fellow-patients or their attendants, or who, when alone, were likely to injure themselves by their violent or extravagant movements.

In regard to treatment, Dr. K. recommended cold applications to be steadily used, as soon as the discoloration was observed, and believed that this course would commonly in a few days arrest the disease. He thought it desirable, if possible, to prevent openings into these tumors, or, if this became necessary, he believed it to be most advisable to make a free incision, and then to induce granulations from the bottom of the cavity. He had seen setons employed, but was not pleased with the result; and if the disease were allowed to progress without treatment, a very decided degree of deformity, he thought, would almost uniformly result.

Here, on motion of Dr. Nichols, a committee, consisting of Drs. Brown, Fisher and Workman, were appointed to prepare a series of resolutions, expressive of the thanks of the Association to the various public bodies and the many citizens whose attentions had contributed so much to the pleasure of their visit to Boston.

Dr. Kirkbride presented, for the examination of the members, a series of views connected with the Pennsylvania Hospital for the Insane, taken on glass, by Langenheim, for the stereoscope, which were regarded not only as elegant specimens of art, but which were recommended for the admirable manner in which they exhibited the general character and appearance of buildings and scenery.

Dr. Kirkbride's paper was then taken up for discussion.

Dr. Tyler said he had seen one case of the kind described, in a female patient; the tumor was very large, and treated successfully by a ligature.

Dr. Curwen had seen three cases, which he had treated by the topical application of iodine.

Dr. Buttolph had seen several cases, but had no uniform plan of treatment.

Dr. Athon had seen one case, treated successfully by the application of creosote.

Dr. Smith had treated but one case: he made a free incision into the tumor.

Dr. Ranney had seen several cases: they had been more common among demented patients and females.

Dr. Harlow thought the tumor arose from disease of the capillaries. He had seen the same tumors on the feet. He had seen several cases, all of which were in males. He objected to incisive openings, because they did not heal readily.

Dr. Gray could recall nine cases which had come under his observation—seven males and two females. He had witnessed the disease in connection with general paralysis, dementia and acute mania—in persons confined to bed, as well as in those walking about the wards. These tumors, though generally requiring three or four days for their formation, had in two instances attained nearly their full size in twenty-four hours. The treatment adopted had consisted in free incision, warm fomentations, anodyne poultices, application of iodine, &c., but without producing any very satisfactory results. From the character of the several cases observed, he had been unable to form an opinion as to the probable cause or nature of the lesion. None of these persons recovered mentally.

Dr. Workman had met with many cases, all in males, in every variety of insanity.

Dr. Chandler had seen several cases, mostly among males. He, like Dr. Kirkbride, had always attributed the cause to some kind of violence.

At half-past eleven o'clock, Dr. Bell announced that the Mayor of the city desired to accompany the members of the Association to Faneuil Hall.

The Association having determined to avail themselves of the courtesy of his Honor, adjourned without delay. On their arrival at Faneuil Hall, the Mayor took the platform, and heartily welcomed the Association to the cradle of Liberty, and in an interesting manner described the portraits of the eminent historical characters which embellished the walls of that ancient edifice. He also gave a brief sketch of the biography of Peter Faneuil. He assured the Association that the citizens of Boston were unwearied in their efforts to ameliorate the condition of suffering humanity, and that they deeply sympathized with all individuals and communities actuated by the same spirit. In conclusion, he remarked that as long as the Association remained in the city, the citizens of Boston would be delighted to show them every attention in their power.

From Faneuil Hall the Association proceeded to the Perkins Institution for the Blind, where they were received by the Superintendent, Dr. S. G. Howe, who conducted the party to the different departments of the school, and finally to the chapel, in which were assembled about forty pupils, who proceeded to entertain the company both by vocal and instrumental music. It is believed that it was at this institution, and by its distinguished Superintendent, that the first public effort was made in this country to educate idiots. That effort has resulted in the permanent establishment of a state institution for the training of idiots and imbeciles.

The party next visited the House of Correction, which they found in good order. From thence they proceeded to the Boston Lunatic Hospital, under the care of Dr. C. A. Walker, who conducted them through all parts of the establishment, which was found neat and comfortable; and which exhibited many moral evidences of being controlled by a system characterized by order, zeal, and devotion to humanity. After inspecting the house throughout, the company were invited to partake of a collation, which was both beautiful and bountiful. Alderman Odiorne, in behalf of the Board of Visitors of the Hospital, expressed his pleasure at meeting the Association on such an occasion. He made

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a modest allusion to the Hospital, but was bold in paying a tribute to the qualifications of its Superintendent, as one thoroughly acquainted with his duties. After participating in the generous hospitality of the institution, the Association, at half-past four o'clock, was called together, when Dr. Bell read a communication from Dr. J. P. Litchfield, of Canada, proposing a plan for the classification of establishments for the insane into "hospitals for the treatment of acute and recent insanity, asylums for the reception of chronic or confirmed cases, and institutions for the care and management of criminal lunatics."

The Association not feeling prepared to take any definite action touching the subjects brought to their notice by this paper, it was voted to lay it upon the table.

Dr. Harlow then read a paper "On the employment of Mechanical Restraint in the Treatment of the Insane." Dr. H. expressed his sincere belief that there are patients in all our institutions who are decidedly benefited by a judicious application of certain forms of mechanical restraint; and he no more hesitated to prescribe their use, when it was obviously rewarded by the welfare of the patient, than he did to prescribe medicine when that was indicated. He reviewed the present controversy in England, touching the use of personal restraint in the treatment of the insane, and expressed the fear that the advocates of the extreme non-restraint system were actuated rather by a desire to catch the popular breeze than to advance the cause of science and humanity. At the close of his paper, Dr. Harlow exhibited an instrument designed to facilitate the administration of food and medicine to those patients who decline and resist taking them. It consisted of a funnel with a strong tube turned to a right angle with the axis of the bowl. The tube is introduced into the mouth and carried well back into the fauces. When liquids are turned into the bowl, gentle pressure downward is made, which depresses the tongue and provokes deglutition.

Dr. Bell was of opinion that there had been a good deal of confusion of terms in the now somewhat protracted controversy in Great Britain, on the "non-restraint system." He found, both upon a careful reading of the English reports and in his own observation, that, even a number of years ago, the word "restraint" did not include such measures as mittens, fixtures for keeping on shoes and clothing, a sleeve ending in a stuffed extremity, &c.—all of which are recommended in Dr. Conolly's reports as valuable, while he was acting as leader in the non-restraint crusade. In 1840, Dr. B. found, to his regret, that the statement of the steward at Hanwell, in regard to the destruction of clothing, &c., in the attempt to carry out an absolute system, was very far

from squaring with the tenor of the reports. Strong rooms had evidently taken the place of strait waistcoats, which, after all, was only a change in *name*, not in reality. Perhaps in England, where, as late as 1840, chains could be seen attached to every crib of one large ward in St. Luke's, the passing over to the opposite extremity was natural enough. The most judicious advocates have only defended the exclusive exhibition of muscular restraint from the idea that the danger of abuse by too much mechanical restraint would more than counterbalance the occasional instances where it might be expedient. "As restraint never has been abused in our institutions—in fact, I formed and published the opinion, long since, that the English non-restraint system comprised as much restraint as ever had been practiced in our public institutions—we need not servilely abandon the plain road of good judgment and discretion out of devotion to any ultra notions or absolute rules." Our community would not be slow in understanding the obvious principle, that those institutions which could afford to employ most attendants, would probably get along with least restraint, and *vice versa*; and that, where restraint was employed, those institutions which used most apparatus would probably use least seclusion.

Dr. Rockwell stated that in the case of patients who refuse food, and resist the introduction of the tube by firmly closing the mouth, when able to introduce the feather end of a quill far back into the fauces, the tickling of the throat would cause a patient to open the mouth.

Dr. Fisher regarded Dr. Harlow's paper as one of great interest. His views corresponded exactly with the impressions which a limited experience had made on his own mind.

Dr. Kirkbride thought it remarkable that, although six or eight members of the Association had visited Europe, they had never yet introduced a padded room into this country.

Dr. Fisher stated that there were some excellent padded rooms at the Boston city prison.

Dr. Kirkbride understood what they were, but he could not see how they could be used appropriately for any class of patients which he would want to restrain or put into them. The violently excited would tear them to pieces, and the filthy would soil them so as to render them exceedingly offensive. He thought they were too expensive to admit of general use, in view of their liability to speedy destruction. He believed they might be like what was once said, in the Association, of lightning rods—that, whether useful or not to protect from electricity, they were certainly good for conducting off public opinion.

Dr. Workman repeated his testimony in favor of brandy punch and

Scotch whiskey, which he still thought better for opening the mouth than any of the means which had been referred to in the present discussion.

The President then called for reports and remarks on constructions during the past year, and a number of gentlemen spoke of the additions and improvements made at their respective institutions.

Dr. Butler exhibited and described drawings of a cottage for the violent class of patients, which has been erected at the *Retreat* during the year. Dr. B. appeared to have taken great pains to secure, in the highest degree, the requisites of cheerfulness, strength, warmth and ventilation, in the construction and fitting up of the building in question, and was thought to have succeeded in attaining accommodations, not inferior to any in the country, for that class of patients whose management, all agree, is most important and difficult. As a sketch and description of the new building will accompany Dr. Butler's forthcoming annual report, the less satisfactory description which might be given here is omitted.

Dr. Tyler stated that a building for excited patients had been constructed in the course of the past year, in connection with the State Lunatic Asylum at Concord, N. H., upon the same general plan as that described by Dr. Butler.

Dr. Nichols briefly described a detached cottage for colored insane, which was in process of construction at the Government Hospital for the Insane. This cottage is situated two hundred feet in the rear of the extremity of one of the wings of the principal edifice. Dr. N. observed that it was fast becoming an urgent, practical question, in many parts of the country, *What is the most feasible plan for providing for the colored insane of the United States?* He thought the practice which has obtained to some extent, in a considerable number of American institutions, of placing white and colored insane in the same wards, not best calculated to promote the comfort nor the welfare of either party, by such an unnatural association; and that our states and municipalities, north and south, would be very slow to establish separate hospitals for colored patients, is pretty well shown by the fact that no such enterprise has ever been undertaken, though it has been advocated by Dr. Stribling, of the Western Asylum, at Staunton, Virginia, whose judgment in all things pertaining to the insane is justly held in very high esteem by the citizens of that commonwealth. And even should distinct institutions for colored insane be established in those states which have within their borders one hundred or more persons of that class, it is more than doubtful whether the public would long consent to the

expense of an administrative organization, of sufficient ability and strength to extend to its charge all the advantages of the most enlightened medical and moral treatment.

At the Eastern Asylum, Virginia, white and colored insane are, to some extent, associated in the same wards, as appears by several of Dr. Galt's annual reports; and a portion of the latter class are accommodated in a building distinct from the others, but within the precincts of the institution, and under the control of its officers. The latter arrangement was thought to be feasible everywhere, and competent for all the higher ends of custody and treatment.

Dr. N. was of the opinion that lodges for colored insane should not be less than two hundred nor more than four hundred feet from the main edifice. Any distance within that range would exceed an objectionable proximity, but not the pale of an easy inspection by the officers. If such an arrangement should be carried into effect in the severe climate of the north, greater facility of inspection, and for the supply of food and medicine, might be attained by connecting the lodges and main house with some ornamental covered way.

Dr. Kirkbride, from the committee appointed for the purpose, reported that they recommend the next meeting of the Association should be held at Cincinnati, Ohio, on the third Tuesday of May, 1856, at 10 A. M., which report was unanimously adopted.

The Mayor tendered an invitation from the city authorities to the members of the Association to become their guests, on the following day, on a steamboat excursion down the Bay, to visit the public buildings on the different islands therein, which was accepted. The Association then adjourned to meet at the City Hall, at 9 o'clock next morning.

FOURTH DAY—MAY 25.

The Association met, agreeably to adjournment, at the City Hall, at 9 o'clock in the morning, the President occupying the chair.

Dr. Tyler presented for inspection a piece of thick glass, as a useful article in the construction of doors where light, as well as strength and durability, is required.

The Secretary read the minutes of the proceedings of yesterday.

Dr. Worthington then read a paper "On the English System of Non-Restraint, in the Management of the Insane."

Dr. W. paid a glowing tribute to Pinel and Tuke, who first proclaimed the applicability of the great divine law of humanity to the insane, who had hitherto been treated as outcasts from society. He

then alluded to the unceasing zeal and energy with which the successors of those great master-spirits have striven to carry out the new system to its utmost practicable extent, and traced the history of the gradual change from the frequent use of severe forms of restraint to the practical adoption of the principle—first by the Lincoln asylum and subsequently by many others—that, as a general rule, no restraint is in any case demanded.

The paper concluded with an instructive review of the arguments adduced in favor of the total disuse of what is termed personal or muscular restraint, which was thought to savor rather too much of an *ad captandum* character, to subserve in the highest degree the cause of science and humanity, and with an expression of the Doctor's conviction in favor of the true humanity of the American system, which allows the use of mild forms of restraint *pro re nata*.

The subject of the paper was then considered.

Dr. Butler thought a great deal of the discussion about non-restraint had arisen from not exactly understanding the condition of the English institutions and the character of their patients. When he first entered the Retreat, at Hartford, the number requiring mechanical restraint did not exceed one per cent. At that time, in the Lincoln Asylum, England, there were, out of three hundred patients, as nearly as he could recollect, from forty to fifty in bed who wore chains, and about twenty confined in the old-fashioned restraining chair. There were also other restraints, in all shapes and forms, used in that institution. Similar methods were used throughout England. When they began to find that these people did not need restraint, they went on, step by step, till they found the gain in the removal of it was immense; and, acting on a common tendency of human nature, they went to the contrary extreme, and denounced all restraint. We have never had anything to compare with the former system of restraint in England. Dr. B. said he was puzzled to understand how some of those institutions were managed, with regard to some of their most violent patients. Two years ago he visited various institutions in England, in all of which he saw from twelve to fifteen hundred patients. It appeared to him there was not so much excitement in the whole of that mass of insanity as he witnessed in one or two wards in the Retreat, when he left it, last week, to come here. There was a quiet torpor and stupidity among them. In one institution there were no guards of any description, even at the windows. When he asked one superintendent to show him the violent class, that officer replied, with a smile, "We are among them now." He did not see, among all that he noticed, any one that required the accommodations of a lodge. The great secret of non-restraint was the stupidity of their

patients. In regard to those he saw, he would not hesitate to adopt the system of non-restraint entirely. There was a marked difference between their patients and ours. There were a great many cases of epilepsy. In one institution the superintendent said that there were over sixty cases of epilepsy among, perhaps, three hundred. At the Morning-Side Institution, near Edinburgh, he found excited patients like ours, noisy and gesticulating much like those of New England.

Dr. Choate said that during the year that the Taunton Hospital had been in operation, very little mechanical restraint had been used among the male patients, the average number of whom had not been far from one hundred and twenty-five persons. Among these there had been a full share of acute cases, but not more than half the time had there been any necessity for restraining any one in any way. More restraint had been necessary among the female patients, from three to four per cent. needing it. He used no other restraint upon females than the camisole, except the occasional use of the bed-strap. When he opened the institution, he found forty-two strong rooms, of the most objectionable character—small, narrow, with no windows, poorly ventilated, and having one small opening in the rear, guarded by iron bars. At the end of four months all these cells were removed, and ordinary rooms, as pleasant as any in the house, constructed in their place.

The President inquired if there was no one room in the house stronger than another.

Dr. Choate replied there was not, except that the glass of the windows of a few rooms is protected by a shutter, paneled with wire netting. Dr. C. thought there was a moral advantage in getting rid of strong rooms, or, at least, in having all rooms equally cheerful, and essentially alike. He acknowledged that the absence of strong rooms increased the necessity of muscular restraint, and that he would prefer that a violent patient should have the range of a large room without restraint, provided it could be made at the same time strong and cheerful.

Dr. Jarvis said that many of those who went from Worcester to Taunton, when the latter institution was opened, one year ago, had been previously confined in strong rooms, and it was thought they could not be kept secure in any other way.

Dr. Chandler first thought Dr. Choate made a mistake when he carried the system of non-restraint so far, but the experiment had proved he was right.

Dr. Buttolph remarked that his own practice was to put excited patients, who would tear up their clothes, in a strong room, without muscular restraint, and let them work off the excitement.

Dr. Kirkbride said he looked upon mechanical restraint as a great evil; but it was, occasionally, a necessary one. He never saw it in use without a feeling of mortification, nor without asking himself if it was really necessary. He never meant to intimate in his reports, that he used less restraint than his brethren. He only wished to show how much he did use. He thought it was often better to have mechanical restraint in use than to have patients in seclusion. He regarded long continued seclusion as a great evil, and often productive of the worst results. He liked the idea of allowing excited patients to work off their excitement, and he thought the open air was the best place to do it in. He always regarded the strait jacket as an exceedingly uncomfortable apparatus for the patient, especially in the summer; and never had had occasion to use one in the institution with which he was now connected, nor had one ever belonged to it.

Dr. Tyler thought mechanical restraint was sometimes, but not frequently, needed; in other cases he thought seclusion the best kind of treatment.

Dr. Gray stated that the strong rooms at Utica had not been much used for several years, except as sleeping-rooms, when the institution was crowded. They were considered too small, and were without means of ventilation, in addition to which the floors were in a decayed state. It was therefore deemed advisable to remove them about eighteen months ago. Should a ward be reconstructed for the most excited patients, the rooms would be made larger and their ventilation provided for, and the walls probably be built stronger than those of ordinary rooms, as previously, by the addition of water-lime to the mortar.

Dr. Workman never had the advantage of a strong room in his building, because it was not yet finished. He had great objections to seclusion; and also thought the camisole, made to tie behind, very objectionable, having seen serious results to the abdomen from it. He would prefer the crib-bed as a substitute for it. He thought that more attendants to take care of excited patients, and walk about the farm with them, would be preferable, and even economy would be in favor of the practice in the end. He thought the patients in Canada quite similar to those in the United States, though there was a better *physique* in Canada than here. He attributed the character of the patients in the English hospitals to the free use of ale among the English. But, aside from the physical paralysis among the English patients, there is a moral paralysis, the result of the "Poor Laws," which makes the patients stupid. He then gave an interesting account of two patients

who preferred to return to the institution, and simulated insanity in order to be sent back.

On motion of Dr. Tyler, the President appointed Drs. Walker and Tyler a committee of finance.

On motion of Dr. Kirkbride, the Association, at half-past eleven o'clock, A. M., took a recess, for the purpose of accompanying the city authorities down the harbor of Boston, in compliance with a previous invitation.

Repairing to the steamer *May Flower*, lying at the foot of Liverpool Wharf, the Association were met on board by Mayor Smith, a large portion of both branches of the city government, and by many other distinguished citizens, all of whom were unremitting in their efforts to point out to the members, not familiar with the harbor, the several objects of interest, as they came into view, which distinguished a region so classical in our country's history. Passing in front of the city and the adjacent towns which skirt the harbor on the left, the company soon found themselves abreast of Nahant, with nought but the broad ocean before them. The steamer then made a broad turn to the right, and soon landed the party on George's Island, whereon is situated Fort Warren. This magnificent piece of masonry, unoccupied, and without ordnance, was examined with great interest, in a day when the vulnerability of fortifications is *the* topic of conversation in every circle. Re-embarking, the company were taken to Rainsford Island, occupied by the state establishment for paupers, under the care of Dr. J. R. Lathrop, which they found in excellent condition. The Mayor informed the party that he resided on that island for twenty-one years, as quarantine physician, and that the pretty cottage, prominent on the hill top, was planned by his wife, now in Europe.

The last institution visited was the House of Correction, on Deer Island, under the charge of Dr. Moriarty.

Debarking at the place from whence they set out, at a little past four o'clock, the Association immediately repaired to its session-room in the City Hall, and resumed its proceedings.

Dr. Walker, on behalf of the committee of finance, recommended that an assessment of two dollars each be paid by the members of the Association to the Treasurer, to defray incidental expenses, which was done.

Dr. Jarvis then read a philosophical narration of the history of hospital provisions for the insane in Massachusetts, commencing with the opening of the McLean Asylum, in 1818, with accommodations for fifty patients, and ending with the present time, when about twelve hundred insane persons are residing in such establishments, and another

state hospital for two hundred and fifty patients has been provided for by the Legislature, which has just adjourned.

The second part of Dr. J.'s interesting paper was occupied with an account of the labors of the commission to inquire into the number, condition, *et cetera*, of the insane and idiots of Massachusetts, of which the writer was the active member, and with a statement of the results obtained by that inquiry. It appears there are 2,632 insane and 1,087 idiots in Massachusetts, and that 1,713 are fit subjects for hospital treatment, 1,108 of whom are properly provided for, leaving 605 for whom hospitals should yet be created.

[Dr. J.'s paper being in the nature of an abstract of the reports of the commission to which allusion has been made, and it being understood that it is to be reviewed in a separate article by an American writer on insanity, the Secretary forbears to make a fuller synopsis of it here.]

Dr. Bell paid his tribute to the extraordinary care and accuracy with which the statistics of Massachusetts insanity had been reached by this commission, of which our associate, Dr. Jarvis, was the organ. All the public attempts, state or national, to obtain the precise facts as to the number of the insane, and the form of their disease, had heretofore proved utterly abortive. This class of delicate, domestic calamities could not be reached by the rude, unskilled hands of marshals or like public officers. Dr. B. felt himself the better able to appreciate the difficulties, and the value of what had been accomplished, from his having made the same attempt for another state, over twenty years ago. ' With all diligence and zeal, only about two-thirds of the towns could be induced to make returns. It was a gratification to him, however, to find that the expression of ratios obtained from what returns were received, had been verified by all the more accurate efforts since attempted. The statistics of insanity could be got in no other way than that used by Dr. Jarvis, which was, virtually, the procurement of the individual history of each case, from some intelligent person in its vicinity acquainted with all the facts.

Dr. B. illustrated the value of the results of Dr. Jarvis's labors by a reference to the state map of Massachusetts, whose basis was on triangulations, which never could be corrected. Every town, county or village line might be changed, but the framework beneath was eternal, and never could be improved upon, or require revision or verification. So should all arrangements for the insane, connected with their number and grade of disease, be made. Dr. Jarvis had established them for this commonwealth, and, in fact, for all the northern states, where the

manners, condition, and nativity of the population were similar. We know how many insane we have,—how many are demented, violent, recent, chronic, periodical, *criminal*, and how many congenital idiots.

The value of, and encouragement to perfect accuracy in the class of duties, under discussion, was happily illustrated in this very case. The people saw, by these returns, that a new state lunatic hospital was required, beyond doubt, in a certain position of the commonwealth, and at once, without hesitation or delay, made an adequate provision for it. And he trusted that in this next attempt at hospital construction, Massachusetts would be able to point to one institution in which progress had been made. Dr. Jarvis may well feel that his year's labor has been appreciated, as the Legislature had directed a second edition of this report to be published and bound, so as to form a permanent library document.

Dr. Kirkbride regarded the paper of Dr. Jarvis as a valuable contribution, and thought it would lead to similar reports in other sections of the country. He believed the Association ought to make some expression of its opinion, as an Association, on this subject.

He did not think there was an instance on record where so much confidence had been placed by a legislature in any such commission. The whole proceeding was most honorable to Massachusetts, and he did not believe there was another state in the Union where such a result could be hoped for. The labors of the commission had resulted in the unanimous appropriation of funds enough to complete a new hospital.

Dr. Walker thought the good effects of this report would not be derived from the statistics of the number of persons for whom provision is required. It has done much to settle the principles upon which insanity shall be treated in this commonwealth, and has struck a heavy blow at the county receptacles, in opposing the practice of sending the harmless insane to such establishments. He also hoped that the Association would make some expression of their sense of the value of this report.

Dr. Tyler agreed fully with all that had been said, with regard to the great value of the Massachusetts report. Within the last few months he had sent circulars to all the towns in New Hampshire, and had received very polite and full returns, many of them signed by the whole board of selectmen of the town to which the return related.

Dr. Butler did not think its benefits would be limited to Massachusetts. Its influence would be very happy in Connecticut, where they are just now inquiring into the condition of the idiots. He quite concurred in the tribute paid to Dr. Jarvis's efforts, and rejoiced in his

success, and would be glad to join in adopting a series of resolutions on the subject.

Dr. Gray said they had forwarded letters to the overseers of the poor of the various counties in New York, and had received replies from most of them. The result showed that, on the 30th of November, 1854, over one thousand insane poor were confined in the county houses in the state of New York. The facts elicited were presented to a committee of the Legislature on charitable institutions, and a bill introduced for making further provision for the insane, but without the success secured in Massachusetts. He hoped the prompt measures adopted by the Massachusetts Legislature would be received as a precedent, and acted upon by New York and other sister states.

Dr. Workman thought some allowance should be made, in statistics on insanity, for endemic physical influences. There was a decided preponderance of insanity in the western country, where malarious influences were at work. In western Canada the census of the last year showed only about a thousand insane, while in eastern Canada there were sixteen hundred. He doubted the accuracy of the census. The good effect of Dr. Jarvis's paper would be felt in Canada.

Dr. Nichols recurred to the paper contributed by Dr. Litchfield, of Canada, read yesterday by Dr. Bell. The leading query made by Dr. Litchfield referred to a classification of patients into curables and incurables, and their accommodation in separate institutions. Dr. N. was not aware that the Association, as such, had expressed any opinion respecting the propriety, or otherwise, of establishing institutions exclusively for incurables.

With Dr. Walker, he deprecated the practice of sending incurables to county receptacles, and hoped the Association would never lend the sanction of what influence it might possess in favor of establishments, which, the moment the public were led to expect no higher results from them than the safe custody of their inmates, would begin to fall off in character, until they become identical with the insane section of poor-houses we now so justly deplore. And in the case of many a patient, who, for many months, was close upon the line of improbable recovery or probable incurability, who would be willing to decide that he was incurable—to be his judge between a life of hope and a living death, as it regards the moral aspect of his position? Institutions designed to accommodate a considerable number of probable incurables, especially if they be of the indigent class, may have large associated dormitories and other arrangements, looking to economy of construction and service. Let us also have institutions of different grades for the accommodation of persons whose means and social habits are widely differ-

ent, but no establishment where the benevolent, practical physician may not always find room for hopeful labor, and good ground for demanding the means to enable him to restore the mind that is lost, as well as to save that which remains.

Dr. Fisher expressed his interest in the paper read by Dr. Jarvis. It revealed to him a state of things of which he had not dreamed; but it was, like almost everything else he saw in Boston, gratifying in a high degree.

Dr. Workman explained that he thought the question propounded by Dr. Litchfield related to local matters, especially applicable to the present state of things in Canada.

Dr. Ray (the President) said their Association could very justly claim the credit of having put forth the most perfect, thorough and useful statistical inquiry on the subject of insanity that ever appeared in this or, perhaps, any other community. It was worthy the highest commendation.

Dr. Kirkbride then offered the following resolution, which was unanimously adopted:

Resolved, First, that the members of this Association have examined, with great interest and satisfaction, the valuable statistical report on the numbers and condition of the insane in Massachusetts, as recently presented to the Legislature by a special committee, of which Dr. Jarvis was the acting member; and that they regard it as the first successful attempt, in America, to secure entirely reliable statistics on this subject.

Secondly, that with the importance of such proceedings, when conducted in so reliable a manner, they cannot refrain expressing their gratification with the whole action of the Legislature in the matter, from its inception till their final, unanimous resolution to appropriate the whole sum asked for to erect a new hospital for the insane, which they regard as in every respect most honorable to the whole commonwealth, and to the commissioners under whose auspices it was effected.

On motion of Dr. Bell, the following preamble and resolution was adopted:

Whereas, the recent communications of Miss D. L. Dix to members of this Association appear to indicate a very extraordinary and unexpected condition of the insane in certain parts and institutions of Great Britain; and as we regard every step, forward or retrograde, in the cause of the insane, in the mother country, as of great moment and instruction to us, therefore, be it

Resolved, That the Secretary of this Association be directed to invite Miss Dix to favor us, at our next meeting, with an account of her observations and investigations in the countries she is now visiting—the

same to be read in a private session, and be considered as strictly confidential, if deemed expedient.

Dr. Smith then offered the following resolution :

Resolved, That a committee of three be appointed to investigate the propriety of adopting a uniformity in our statistical reports ; and, if regarded important, to report to the next meeting of the Association some way in which the object may be secured.

He thought the subject of more than ordinary importance. The statistics in the annual reports were not as valuable as they should be, though it is probable they are regarded as valuable. Their object, as Dr. Smith supposed, was to enable them to adopt a correct generalization from the combined results of all the reports ; and, of course, the greater the uniformity, the more valuable the reports.

Dr. Jarvis wanted to see the proposition of Dr. Smith carried out.

The President said the matter was brought before the Association at a very early day, and a form was prepared by Dr. Earle, but he never knew that it was ever followed in making a report. There were inherent difficulties in the subject, owing to the fact that what some would consider as matters of opinion would be put down by others as matters of fact. Matters of fact, such as age, trade and sex, there can be no objection to, and no difficulty in obtaining : instead, however, of presenting them every year, it would seem to be a better way to let them accumulate for a few years, and then the general results that might be drawn from them would be reliable. Something of this kind was done by Dr. Earle, and his work on the Bloomingdale Asylum is worthy of being studied by all who would engage in statistical inquiries.

Dr. Workman inquired whether others had observed any increase in the proportion of female applicants for admission over that of males recently, stating that the ratio had been about three females to two males, at his institution.

Dr. Bell observed that he had seen no reason to change the views urged by him so many years ago, in reference to the worthlessness and inexpediency of attempting to present the facts of our hospitals in a numerical form. For many years he had protested against it, both as producing unjust inferences as to different institutions, and untrue expectations in the public mind. He had labored to effect a change in this matter, and, he believed, not without success. In fact, he had rendered himself somewhat notorious at one time, he feared, by his annual diatribe against our system of reporting. When visiting the most excellent institution at York, in England, some ten years ago, on

giving his name to the medical officer, he found that he was already known—perhaps somewhat ungraciously—as the anti-statistician: “Art thou the Luther V. Bell who has written so severely about the statistics of the insane?” was a salutation which preceded every attention and kindness which the distinguished host could give his visitor. Still, Dr. B. had no objection to the committee proposed. The elder members of the Association, as would be seen by a reference to the proceedings of former years, had had much discussion upon this subject—upon some uniform method of reporting our results—and various committees had tried their hands at it. He should be glad to have some of the junior members to investigate the matter. The difficulties, he feared, were in the very nature of the subject. Public laws governed the different institutions, establishing for each its particular regulations for admission. In this commonwealth, for example, there is one institution which should receive by statute only lunatics so “furiously deranged as to be manifestly dangerous to be at large;” another which can admit none who are actively diseased. How absurd would be any conclusion drawn irrespective of this great distinction! And this is only a single illustration of the many incompatibilities in any uniform system. One would think that the fact of a patient being *dead*, was as specific, unconfoundable a basis for a statistical return as could be conceived of. Yet, Dr. B. would engage to make his returns of dead vary fifty per cent. without one deviation from truth. A simple suggestion to friends, that it might be more agreeable to them that the last days of a failing patient should be spent in the bosom of his family, would very frequently decide whether one case of death should be on the annual return.

Dr. Bell referred to the very great improvement in the style of our hospital reports of late years. The tendency we were in at one time to run the race of self-glorification, in our annual reports, has been very happily changed; and this was essentially due to the establishment of this Association.

Dr. B. alluded to the harmony and fraternal feeling which existed in our specialty, as a most blessed incident for ourselves and the interests of the cause.

Dr. Smith stated some reasons why he desired the action of the Association, and that a committee of the character called for by his resolution might be chosen, and he hoped it would consist of some of the older members. He still thought, with all due deference to Dr. Bell, that a system of uniformity might to a certain extent be secured, and that it would do good.

Dr. Smith's resolution was then adopted, and the chair appointed Drs. Smith, Curwen and Tyler to constitute the committee.

Dr. Kirkbride said that, after having proposed a resolution complimentary to the people of Massachusetts and the Legislature, for having so promptly appointed a commission to put up a new hospital, he felt at liberty to say that we had a right to expect they would put up a better institution than any one now existing in the country.

Dr. Jarvis remarked that the commission was instructed not to go a-begging for a location, but only to find out the best place, and locate the new institution there.

Dr. Brown, from the committee appointed for the purpose, reported the following resolutions, which were unanimously adopted, and directed to be inserted: see the minutes:

Whereas, during the present session of this Association, its members have received from the municipal authorities of Boston, from the trustees of numerous institutions, and from various distinguished gentlemen, the most complimentary courtesies and hospitalities, therefore,

Resolved, That to his Honor the Mayor, J. V. C. Smith, M. D., we tender our hearty acknowledgments for the personal interest he has taken in securing to the Association the necessary facilities for the purposes of its meeting, and for his personal attendance on several occasions of hospitable entertainments of the Association.

Resolved, That to the several branches of the City Government of Boston our thanks are due for the use of the Common Council room for the transaction of our business, for the generous hospitality with which they have honored us, and for opportunities afforded us for a general examination of the public institutions under their charge.

Resolved, That the Association recognizes its obligations to the Hon. Chas. H. Stedman, M. D., of the Massachusetts Senate, for his flattering and successful proposition that the use of the Senate Chamber be tendered for our session, and that we hereby express our grateful appreciation of his polite attentions during our assemblage at the State House.

Resolved, That the members of the Association have been deeply impressed by the cordial welcome and elegant festivities which marked their reception by the Trustees and Officers of the McLean Asylum for the Insane, and the Massachusetts General Hospital; and that, in our visits to these institutions, we have derived great pleasure from an examination of the liberal provision for attaining the great objects of each establishment.

In expressing our admiration of the unequalled elegance of the new "Appleton buildings" of the McLean Asylum, we cannot withhold the tribute of our profound respect for one who has with such munificence provided a class of accommodations for the insane, alike honorable to the founder and significant of an enlightened public appreciation, both of the cause to which they are devoted and of the institution with which they are connected.

Resolved, That the thanks of the Association are hereby most respectfully presented to the Trustees and Officers of the public institutions at South Boston for the polite and hospitable reception which its members met on the occasion of our pleasant and instructive visit to those excellent charities.

Resolved, That this Association gratefully acknowledges the very kind invitation of that eminent citizen, Dr. John C. Warren, to visit his Museum of Natural History; and that they desire to express the high gratification with which they have examined his collection and listened to his explanations.

Resolved, That our thanks are also due to the Officers of Harvard College, of the Cambridge Observatory, of the Perkins Institution for the Blind, of the Boston Medical College, of the Athenæum, and of the Music Hall; also to the Managers of the Boston Theatre, and Museum, and to citizens who have tendered us numerous courtesies, for their polite invitations and attentions.

Resolved, That these proceedings be published in the Boston journals.

The proceedings of the Association were directed to be published in the *AMERICAN JOURNAL OF INSANITY*, and in the different medical periodicals.

On motion of Dr. Brown, the Association then adjourned to meet in Cincinnati, on the third Monday in May, 1856, at 10 o'clock A. M.

The members of the Association, during their whole stay in Boston, received an amount of attention from the citizens, the Mayor, Dr. J. V. C. Smith, and the public authorities of that city, which was most gratifying to them, as manifesting the deep interest which is there felt for the insane, and a full appreciation of the importance of the objects of the Association to advance the best interests of suffering humanity. For courtesies and attentions of an extraordinary kind, from the beginning to the last hour of their stay in Boston, the members cannot but feel under the most lasting obligations.

C. H. NICHOLS, M. D.,
Secretary of the Association.

S U M M A R Y

It would give us much pleasure to notice, at the length their value deserves, the proceedings of the last meeting of the Association of Medical Superintendents of American Institutions for the Insane; but the delay in the issue of this number of the JOURNAL, consequent upon the time necessarily required by the Secretary in writing and forwarding his report to us, makes it impossible to do so at present.

The session was one of more than usual interest, and will be long remembered by those who had the pleasure of participating in its exercises. The papers presented were numerous and varied, and gave rise to interesting and instructive discussion.

A word, however, seems, at this time, to be required in reference to the debate which followed the reading of the eulogy upon a deceased member of the Association. It is, we think, to be regretted that the "animadversions" should have been made in the connection they were, and still more, that they must, thus connected, find a record among the proceedings of the Society. As far as the JOURNAL is concerned, it is only necessary, again, to repeat, that its Editors do not hold themselves responsible for articles appearing under a reliable signature.

Several notices of books, &c., designed for this number, are unavoidably omitted; we cheerfully defer them, however, to make room for so full a report. The short time allowed the Secretary for preparation of the manuscript, and the haste with which it was consequently put to press, will account for any inaccuracies that may have occurred.

State Asylum, Utica, July 20, 1855.

PRIVATE INSTITUTIONS FOR THE INSANE.—Beside the peculiar feelings which seem to have necessitated the erection of private asylums, the unanswered demand for more extended public provision for the insane at the present time naturally induces their further establishment: The crowded condition of the State Lunatic Asylum, at Utica, requiring the refusal of many applications for the admission of private cases, and the removal of many of this class already under treatment, has created an absolute necessity for some place for their immediate reception and

treatment. Under these circumstances, an institution of the kind referred to is to be established near the village of Canandaigua. A suitable building has been selected, and is, we understand, to be prepared and opened for the reception of patients about the 1st of October. It is to be under the immediate medical care of Dr. George Cook, whose long experience in the practice of this specialty as an officer of the Asylum at Utica, and for a time as acting Superintendent, after the death of Dr. Brigham—and personal acquaintance with similar establishments in Great Britain and upon the Continent, make him peculiarly fitted for this new field of usefulness.

To supply a like requirement at the West, a similar institution has recently gone into operation at Cincinnati, under the charge of Dr. Meade. In referring to its opening, the *Nashville Medical Journal* makes the following forcible remarks :

“Although the appropriations made by some of the state Legislatures in the West, for the erection of public charitable institutions for the care and cure of the unfortunate victims of mental alienation, would seem to have been on a liberal scale ; yet, by those who are acquainted with the statistical facts, and by the immediate friends of this afflicted class, their insufficiency has long been felt and acknowledged. In some states no provision whatever has been made for this purpose ; and in those in which large asylums have been established, the accommodations have never yet been adequate to the relief of those residing within their own borders. Hence, a large portion have been left beyond the reach of help and hope. Again, there is in the American mind a repugnance to accept what is regarded, in whole or in part, a public charity, when the means are at hand to provide amply for themselves. This impression, in regard to some of the institutions, is erroneous ; yet, if no objection were entertained against them, there is *no room*. The friends are therefore compelled to take patients, at great expense and trouble, to the eastern asylums ; and, in many instances, after arriving there, are unable to gain admission for them. There is, then, no alternative but to bring them back, and trust to the very meagre chance of spontaneous recovery.

“The necessity for early treatment is now demonstrated beyond the possibility of doubt. This is based upon the fact that while insanity is curable in a very large proportion of cases, if brought under treatment at an early period after the commencement of the attack, the curability diminishes *in a rapidly increasing ratio*, in proportion to the duration of the disease.”

Few private establishments for the care of the insane have received and so well merited both public and professional confidence as Sanford Hall, founded at Flushing, L. I., by the late Dr. James Macdonald. The adaptation of the building to its intended purpose, the beauty of its location, the extended experience of its founder, and its judicious management, have attained for it a high rank among similar institutions.

Since the death of Dr. M., in 1848, it has been conducted by his brother, under the medical charge, first, of H. W. Buel, M. D., and, more recently, under that of Dr. J. W. Barstow—both gentlemen of acknowledged ability. At a recent meeting of the members of the New York Medical and Surgical Society, held after a visit to Sanford Hall, by invitation of General Allen Macdonald, the following resolutions were unanimously adopted, expressive of their estimation of the management of the institution, and its usefulness.

“*Resolved*, That the members of this Society view with the highest satisfaction the continued prosperity of the institution at Sanford Hall.

“*Resolved*, That, from the thorough inspection they have just made, the members find abundant evidence that the same neatness and good order are maintained by the efficient Superintendent and Matron, and the same ample provision is made for the comfort and enjoyment of patients, as have heretofore uniformly characterized the management of this institution.

“*Resolved*, That the able and successful medical treatment of the inmates, no less than its admirable internal administration, warrant the hope that its future career will more than realize the brightest expectations of its enlightened founder, whose memory we would ever cherish in our fondest recollections.

“*Resolved*, That the Secretary communicate to Gen. Macdonald a copy of these resolutions, and express our warmest acknowledgments for the very hospitable entertainment we have enjoyed.”

APPOINTMENTS.—J. P. Litchfield, M. D., has been appointed Medical Superintendent of the Hospital for Insane Convicts, to be erected at Kingston, Canada West.

Dr. L. A. Tourtellot, of Saratoga Springs, has been appointed an Assistant Physician in the New York State Lunatic Asylum, Utica.

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ARTICLE I.

DR. T. ROMEYN BECK.

Intimately connected with the later history of nearly every department of scientific literature, in this state, is the name beneath which we are writing. It is not our purpose, even did space permit, to follow the subject of this brief sketch through the many fields enriched by his labors, but simply to speak of his connection with the speciality to which this Journal is more particularly devoted. Although his mind seems to have been directed to the subject of insanity upon the very threshold of his professional studies, it has received but a small share of his attention—sufficient, however, to have contributed largely to its literature and progress in this country.

Dr. Theodric Romeyn Beck was born at Schenectady, New York, August 11th, 1791. His grandfather, Rev. Derick Romeyn, a distinguished scholar of his day, was a Professor of Theology in the school of the Reformed Dutch Church, and one of the founders of Union College. By the death of Dr. Beck's father, his early care and education, and that of his four brothers, devolved upon their widowed mother. In the brilliant future and distinguished usefulness of her youthful charge we see the fruit of the piety, intelligence and energy of this truly excellent woman; and as the reward of all her care, we find her, in advancing years, the honored mother of one of the most talented families in the state.

Of these five sons, two died early—one a lawyer of great promise, at St. Louis, and another, Nicholas F., who deceased while holding the

office of Adjutant General under De Witt Clinton. Of the surviving brothers, Dr. John B. Beck, the distinguished author and physician, was for many years Professor of *Materia Medica* in the College of Physicians and Surgeons of New York, and died in that city in 1851. The remaining brother, Lewis C. Beck, was no less eminent, and, at the time of his decease, two years since, was Professor of Chemistry in the Albany Medical College, and occupied the same chair in Rutgers College, New Jersey. To the general as well as professional reader the writings of both these brothers are well known, while the name of the latter is prominently associated with the preparation of the "*Natural History of the State of New York*," to which he contributed a valuable volume.

Dr. T. Romeyn Beck acquired the rudiments of his education in the Grammar School at Schenectady, under the more immediate supervision of his grandfather, and was graduated at Union College in 1807. Making choice of medicine as a profession, he soon after commenced his studies with Drs. McClelland and Low, at Albany; but, induced by the superior advantages offered in the city of New York, he subsequently proceeded thither, and entered the office of Dr. David Hosack. He attended the lectures of the College of Physicians and Surgeons, then recently established, and received from that institution, in 1811, the degree of Doctor in Medicine, on which occasion he presented an inaugural thesis on the subject of Insanity.

This dissertation was immediately published, and received much merited attention. Although written at a time when but few in this country had devoted themselves particularly to the study of Insanity, it exhibits on the part of its author, a full appreciation of the importance of the subject, and a very intimate acquaintance with its literature. It is now out of print, the limited edition published soon finding its way into the hands of permanent possessors. The pamphlet contains thirty-four closely printed pages, and is inscribed to his uncle, Dr. John B. Romeyn, and Dr. David Hosack, and presented to his early preceptors, Drs. Low and McClelland, "as the firstfruits of an education commenced under their care." After an introduction, with a brief detail of earlier investigations, and the various theories advanced by older writers to account for the phenomena of diseased mental action, follows a condensed history of the disease, its symptomatology, etiology, pathology, prognosis and treatment. In subsequent pages the medical jurisprudence of insanity is considered, in reference both to the security of the public and the proper treatment of the patient.

This little volume, from the pen of "one whose opportunities of viewing the disease had been scanty, and whose information was

derived principally from books," exhibits an intimate acquaintance with the literature of the subject, and the then only partially acknowledged wants of the insane, alike creditable to his character as a scholar and to his correct judgment.

Soon after his graduation he returned to the city of Albany, opened an office, and commenced the practice of his profession. His cultivated taste and studious habits soon brought him into intimate relation with scientific men of his day; and as early as 1813 we find his name upon the list of Counsellors of the "Society for the Promotion of Useful Arts," in connection with that of De Witt Clinton and others equally eminent. This association at that time held a high rank in the scientific world, and had enrolled upon its list of membership some of the most honored names in the State. It was a re-incorporation of the old "Society for the Promotion of Agriculture, Arts and Manufactures," first organized in 1791, after the expiration of its charter in 1804. Among his earlier and most successful efforts in this new and honorable field is the annual address, delivered by appointment before the society, at the Capitol, in the city of Albany, on the 3d of February, 1813. This production was more particularly directed to the public, its object being the more perfect development of the mineral resources of our country, or, as is stated in the preface, to exhibit at one view the mineral riches of the United States, with their various application to the arts, and to demonstrate the practicability of the increase of different manufactures whose materials are derived from this source. It was well calculated to awaken an increased interest in this important matter, and was received with great favor throughout the Union.

In 1815 Dr. Beck was appointed Professor of the Institutes of Medicine, and Lecturer on Medical Jurisprudence, in the College of Physicians and Surgeons of the Western District of New York, an institution then in the third year of its existence. The proximity of the College to the city of Albany enabled him to discharge his professional duties, and at the same time retain his medical practice, which he continued to do for some time.

Notwithstanding his many arduous duties, his interest in the progress of scientific investigation seems to have been unabated, and, in the spring of 1819, he read before the Society for the Promotion of Useful Arts a most elaborate paper on Alum, which will be found printed with the transactions of the association. A short time previous he found his strength unequal to the laborious duties of his profession; and, on account of his apprehension of ill health, and, perhaps, in indulgence of his increasing taste for literary pursuits, he abandoned the general practice of medicine entirely, and, in 1817, was

appointed Principal of the Albany Academy, an institution collegiate in character, and occupying a high literary standing. Teaching was especially adapted to his taste; and, under his enlightened management, for more than a quarter of a century, the academy unvaryingly maintained a most elevated rank among similar institutions. Notwithstanding his connection as Principal with the Albany Academy, he seems to have retained his professorship at the College of Physicians and Surgeons, and, in 1824, delivered an introductory lecture "On the Utility of County Medical Institutions."

In 1829 Dr. Beck was elected President of the Medical Society of the State of New York, and, at the meeting of the Society, at Albany, delivered the annual address, on the subject of "Medical Evidence." Continuing in office several years, he pronounced, on similar occasions subsequently, two addresses—one upon "Medical Improvements," and the other upon "Small Pox," all of which will be found in the volume of "Transactions" for the respective years.

Since 1841 he has filled the honorable situation of Secretary to the Board of Regents of the University of New York; and, beside the multiplied duties connected with that position, has had devolving upon him, as *ex-officio* Secretary to the Trustees of the State Library, a large share of its management. The complete and well arranged catalogue of the Library, and the interesting and comprehensive reports of the Board of Regents bear the impress of his untiring application and devotion to the important interests over which that distinguished body presides.

Dr. Beck has always been a man of great and enlightened public spirit, ever ready to countenance and promote whatever tended to secure the highest interest of the community. This spirit and his natural benevolence have enlisted him ardently in the great public charities, either in their establishment and organization, or in the subsequent management of their affairs. His "Statistics of the Deaf and Dumb," read before the Medical Society of the State of New York, was the fruit of this philanthropy, and was most powerful in directing the attention of the public to the wants of this afflicted portion of the community.

Dr. Beck was appointed one of the Managers of the New York State Lunatic Asylum, by the act of its organization, in April, 1842; and has been re-appointed by the Governor and Senate, at the expiration of each successive tri-annual period until the present time. Upon the death of Mr. Munson, in the spring of 1854, he (although a non-resident member) was unanimously elected President of the Board. The institution has, at all times, had the advantage of his

wise counsels, efficient aid, and ardent devotion, and of his presence and immediate co-operation with his associates, whenever demanded by matters of unusual or special importance. Here, as well as in all other similar positions, he has ever consulted the highest and most enduring good of the interests committed to his charge, without regard to the prejudices or the more apparent benefits of the hour or the day, or any mere personal claims or advantages. His wisdom and experience, his independence, decision and energy, and his unflinching integrity have made him a most valuable guardian of all the affairs of this great public charity.

It is, however, with Dr. Beck as a writer that we have at present especially to do, and we will close this sketch by a notice of his editorial connection with this Journal, and his great work on Medical Jurisprudence.

In April, 1844, the first number of the *AMERICAN JOURNAL OF INSANITY* was issued from the press, occupying an entirely new field in the medical literature of this country. The generous motive which led Dr. Brigham, its founder and first editor, to assume, in addition to his onerous duties as Superintendent of a large asylum, the labor and responsibility of its establishment, is well known to most of our readers. To many of his colleagues and professional friends he was largely indebted for encouragement in his undertaking, and for much valued and gratefully acknowledged assistance: among them, Dr. Beck, who, deeply interested in the attainment of the ends at which the Journal aimed, warmly seconded his efforts, and, amid many other engagements, found sufficient time to contribute frequently and ably to its pages. After Dr. Brigham's death, the Managers of the State Lunatic Asylum, aware of the importance, to any specialty, of a periodical devoted to its advancement and interest, assumed the entire responsibility of its publication, and, by their unanimous request, induced Dr. Beck to edit the ensuing volume. He gave his consent, hoping at the close of the year to be relieved of a care which, with his other numerous duties, was a heavy tax; but, in the absence of any other arrangement, he continued to conduct it until the close of the last volume, when "advancing years and more imperative duties" compelled him to relinquish his editorial connection.

In the theme of his inaugural dissertation at the Medical College, and in the subject of many of his literary efforts, we perceive how early and closely his attention has been drawn to insanity and its legal relations. From a knowledge of his character, it is very natural to suppose that this interest was awakened, not only to the intrinsic merit of the subject, but also by the then very general feeling that this department of

medical literature was indeed most barren. How well he succeeded in his effort to supply this deficiency is evidenced by the multiplied editions of his "Medical Jurisprudence" which have already been called for. Since its first issue from the press, in 1823, in two large octavo volumes, of nearly two thousand pages, it has passed through five American, one German and four London editions. The favorable reception of this work in foreign countries, at a time when national feeling in the medical world was stronger than at any previous or subsequent period, shows how completely its merits disarmed every prejudice. Says a bibliographer, in a notice of the German edition: "Among the numerous and unequivocal evidences of the very high estimation in which Dr. Beck's 'Elements of Jurisprudence' are held by the profession in Europe, their translation into the German language must be regarded as the most flattering and decisive indication of their true value. In no country has this interesting and varied science been prosecuted with such unabated zeal, or have so much research and learning been elicited on its several curious topics, as in Germany. From the time of Zacchias, indeed, to the present day, it has been the favorite object of study with German physicians, and their opinions of the merits of any treatise on the subject are therefore entitled to the highest weight and the most respectful consideration. Proud are we, therefore, to see them prize the performance of our learned countryman so highly as to deem it worthy of transfusion into their vernacular tongue. In his native language his work is as yet without a parallel."

His labors in this field did not cease with the publication of his great work, but, for many years afterward, besides the emendation and supervision of subsequent editions, he contributed largely upon the same subject to various medical periodicals. A distinguished writer, in reviewing a copy of the tenth edition, for Hay's *American Journal of Medical Science*, remarks: "The pages of this Journal, for years past, have borne constant evidence of the untiring and *invaluable* research of Dr. Beck, whose observations and extracts from foreign and domestic sources have filled that portion of it devoted to medical jurisprudence; and the writer of the present notice bears his testimony to the same effect; for, having taken much interest in the subject, and consequently had occasion to examine the journals, he found it impossible to furnish a single novelty to this department in which he had not been anticipated by Dr. Beck." In both the medical and legal periodicals of the day there have, from time to time, with successive editions of his work, appeared many and varied notices and reviews—flat-

tering evidence of its merit, and the high estimation of both professions. From some of these it would give us pleasure to extract; but the work has already received the stamp of worth, has taken its place as high authority, and acquired for itself and its author a most extended reputation.

ARTICLE II.

CONSIDERATIONS ON THE RECIPROCAL INFLUENCE OF THE PHYSICAL ORGANIZATION AND MENTAL MANIFESTATIONS. BY A. O. KELLOGG, M. D., PORT HOPE, CANADA WEST.

ON THE INTIMATE RELATION OF EPIDEMIC PHYSICAL DISEASE, POPULAR DELUSION, AND INSANITY—PARTICULARLY AS ILLUSTRATED BY THE EPIDEMICS OF THE MIDDLE AGES, AND THE EPIDEMIC AND POPULAR SUPERSTITIONS OF OUR OWN TIMES.

There is nothing more evident than the fact, that it is impossible to study rightly and advantageously the diseases of the mind, without acquainting ourselves thoroughly, in the first place, with physical disease. Neither, on the other hand, can we understand or treat physical diseases successfully, without thoroughly understanding and appreciating the extraordinary influence of the mind upon all the bodily functions. In our last article, the advantage to be derived from a due consideration of this influence was pointed out, in some remarks respecting the successful treatment of dyspepsia by charlatans.

It is extremely interesting to observe, in reading the history of the epidemic diseases which from time to time have swept over the earth, that these have been accompanied or shortly succeeded by certain morbid moral and intellectual manifestations; and between these physical, moral and mental ills, I am led to believe, there was a mysterious connection, which has not as yet been thoroughly traced out. Brains, previously weakened by these physical plagues, were left in a fit state to be morbidly impressed and led astray by the first moral or mental delusions which presented themselves to the multitude.

In the writings of the learned German, Dr. Hecher, from which we shall draw largely for illustration, much may be found to show the truth of this; and, among the diseases referred to, the *black death*, or

plague, holds a prominent place. This most appalling of maladies began in China, first spread over Asia, and, traveling eastward, like all great epidemics, entered Europe in the year 1348. This spread from the south to the north of Europe, occupying nearly three years in its passage. In the second year it had reached Sweden, in the third invaded Russia.

The civil and political condition of Europe, at the time of this invasion, rendered people peculiarly susceptible of its blighting influences. War raged with demoniacal fury; robbery and violence shut up the peaceful citizens in walled cities and unwholesome habitations, overlooking filthy streets; within were pestilence and famine, without war, rapine and violence; the evil passions of humanity were left uncontrolled; religion was only another name for the darkest and grossest superstition and ignorance; and upon men weighed down by these accumulated evils came this dire pestilence, which in China alone was said to have destroyed thirteen millions—in Cairo fifteen thousand in a single day;* and it was said that vessels whose crews had perished were drifted about in the Mediterranean, leaving corruption and infection wherever they happened to strand. These statements, though doubtless exaggerated, were believed by the terrified people, and in what spirit they were met will be seen. Some committed suicide in their frenzy. Many villages and towns, forsaken by the terrified inhabitants, and desolated by the plague, were left entirely empty and silent as the house of death. Rich men and merchants, in the hope of diverting the wrath of Heaven, carried all their money and valuables to the monasteries, when the monks, fearing the infection, closed their gates against both them and their treasures. By reason of the churchyards being full, in Avignon, the Pope was under the necessity of consecrating the water of the river Rhone as a burial-place—giving them at least the advantages of holy water, if not of consecrated earth.† In Padua, when the plague disappeared, two thirds of its inhabitants had also disappeared, most having fallen victims. The Venetians fled to the islands, forsaking the city and losing three out of every four. The dead were carried out of towns to be buried in pits, and the populace fancied that, from indecent haste, many were thrown in alive. Italy was reported to have lost one half of its inhabitants. Churches were shunned as places of infection, and enriched, at the same time, with many donations and bequests. So many sudden deaths had engendered endless disputes as respects inheritance; and, when the disease passed

* *Op cit.*, p. 28.

† Hecher,—“*Epidemics of the Middle Ages*,” p. 26. Phil. edition, 1837.

away, men were amazed to observe how great was the proportion of lawyers to the rest of the community.

To show how the superstitions affected all classes, it is only necessary to mention, that by the most skilful physicians the black plague was ascribed to the grand conjunction of Saturn, Mars and Jupiter in the sign of Aquarius, in the year 1345. Such conjunctions always foreboded horrors to men, and every plague was in some way connected with the stars.

Such was the black death, which, towards the close of the year 1348, entered England, and committed unprecedented ravages, leaving, according to the extravagant calculations of Anthony Wood, scarcely a tenth part of its population; and the bodies of many, who were not affected by the pestilence, were weakened by the influences which operated in sweeping away so many, and few minds escaped the terror and superstitious dread arising from such heavy calamities.

About the first of the morbid mental derangements which followed this terrible manifestation of physical disease, we perceive existing among the brotherhood of the Flagellants, a sect which first sprang up in Hungary, and subsequently in Germany. Men, women and children of all ranks entered this order. They marched about in procession, each Flagellant with a red cross on his back, breast and cap, and carrying a triple scourge, attracting attention by the pomp of tapers and superb banners of velvet and cloth of gold. These arrogated to themselves such influence, and swayed so completely, at first, the disturbed minds of the people, that the church became jealous of them, as interfering with its own power for evil, as they claimed the privilege of absolving themselves; and a reaction being created against them in the fickle-minded populace, they were put down by relentless rage and persecution.*

But upon none did popular rage, induced by delusion, fall so heavily as upon the unfortunate Jews. The persecution of the Jews in those days began at Chillon, and spread from Switzerland through Europe. Pestilence was ascribed, in those days, to poisoned wells, and the wells were said to be poisoned by the Jews. Many of these poor Jews, put upon the rack, confessed all that was required of them, and told tales of bags of poison sent among the faithful of Israel by the great rabbi of Toledo. Wells were bricked over, and buckets removed. The Jews of Basle were shut up in a wooden building, and then smothered and burned alive. The same was the case at Freyburgh. At Spires, the Jews withdrew to their houses, and setting fire to them, burnt them-

* *Op cit.*, p. 35, 36, *et seq.*

selves and all they had with their own hands. At Strasburgh, two thousand Jews were burned alive on their own burial-ground; and those who, in frantic terror, broke their bonds and fled were pursued and murdered in the streets.

It was, then, among people weakened physically and mentally by these desperate afflictions and emotions that there arose certain dancing manias, forming a fresh disease, afflicting both body and mind.

The same generation that had seen the terrors of the black death saw, some twenty years afterwards, men and women dancing in a circle, shrieking, and calling wildly on St. John the Baptist, and at last, as if seized with an epileptic fit, tumbling upon the ground, where they desired to be trodden upon and kicked by the bystanders, who were ready to do it cheerfully. Others, like themselves, with diseased bodies and minds, became affected by sympathy, and that disease called St. John's dance, and which was supposed to be a form of demoniacal possession, spread over the entire Netherlands. They exorcised and made wonderful confessions. Their numbers increased so rapidly that they became, in their turn, objects of fear and dread, and communicated their morbid fancies—such as a furious hatred of the red color, with the bull's desire to tear red cloths and rags in pieces,—a detestation of pointed shoes, and other matters of fashion against which the priests had declaimed from their pulpits. This class of persons became so numerous and violent as to intimidate the civil authorities, and in Liege an ordinance was issued to the effect that none should wear any but square-toed shoes. This epidemic mania appeared also at Metz and Cologne, and extended through most of the cities of the Rhine.*

The next epidemic, incident to these times, which we are called upon to notice was that which broke out at Strasburg, where the dancers were cared for by the town authorities, and conducted to the chapel of St. Vitus, a youthful saint martyred in the time of Diocletian. The first distinct account of this disease is to be found in the writings of Plater and Senertus, both of whom lived about the close of the sixteenth century. The name, St. Vitus's dance, by which it is now familiarly known, was derived, according to Hirst, from the chapel of St. Vitus, near Ulm. Women laboring under a certain nervous affection were in the habit of resorting thither every spring, where they danced violently and unremittingly from morning till night, until, in short, they were completely exhausted, or fell down into a kind of swoon or extacy, such as we sometimes see, in times of violent religious excitement at camp meetings, at the present day. By this means they fancied them-

* Hecher on the Dancing Mania, p. 15.

selves cured for one year. The disease was thought to arise from the malicious doings of Satan, and was generally treated by exorcism.

The monks of the convent of St. Korbey were said to be particularly fortunate in casting out the evil spirit, through the divine influence of St. Veit, their patron saint. A legend suited to the peculiar emergency could be made out in favor of this saint, because little was known concerning him; and, therefore, he, and he alone, was competent to cure the dancing plague. But the plague spread notwithstanding, and the physicians, quite as benighted as the subjects of the disease, regarding it as a peculiarly spiritual question, left it entirely to the care of the church; and for a century women went annually to the chapel of St. Vitus, on St. Vitus's day, to dance away the fever that had accumulated during the previous twelve months. Such were some of the characteristics of what was termed St. Vitus's dance. At first it attacked people of all ranks, but more especially those who led sedentary lives, and compelled them to dance, even to death—sometimes to dash out their brains against a wall, or to drown themselves.

The next dancing mania we are called upon to notice was that which arose in Apulia, among those who had been, or fancied they had been, bitten by a ground spider called tarantula. At the close of the fifteenth century the fear of this malady had spread beyond Apulia. Those who were bitten were said to have become melancholy, very open to the influence of music, given to fits of weeping, wild joy, and fits of dancing, longings, and fatal paroxysms either of laughter or sobs.

It was believed that the poison of the tarantula could only be worked off by those in whom it begat a violent energy of dancing; it passed out then with the perspiration; but if any lingered in the blood, the disorder became chronic or intermittent, and the afflicted person would be liable to suffering and melancholy, which, whenever it reached a certain length, would be relieved by dancing.

The tarantali, or persons bitten by the tarantula, had various whims, violent antipathies to, and preferences for colors: most of them were wild in love of red; many were excited by new objects, &c. They were unable to dance except to music, and were under the necessity of having certain tunes called tarantellas performed; and the tarantella which suited one would not suit another, for some required a lively measure, others a melancholy one; some needed a suggestion of green fields, in both music and words, which must accompany. Nearly all required some reference to water, were mad in longing for the sea, and would be extatic at the sight of water in a pan. Some, after dancing, would plunge their heads into a tub of water. Some would dance with a cup of water in their hands.

In the beginning of the seventeenth century the cure of the tarantali was attempted on a large scale. Women, always foremost in acts of benevolence, employed bands of musicians to go about from village to village playing tarantellas for the benefit and relief of the afflicted, and the period of tarantella playing was called the "Woman's Carnival." The good creatures did not scruple to neglect their honorable duties, and allow their families to suffer, in order to give their money to pay for the dances; and some spent large fortunes in furthering this epidemic delusion, supposing themselves engaged in a work of heaven-born charity. These carnivals often influenced the thoughts of hysterical women, who, at their approach, sickened, and danced, and for the time being supposed themselves well; the tarantuli included, however, quite as many men as women.

We cannot account for these moral epidemics of the middle ages in any more satisfactory way than by supposing them the result of physical debility, brought about by accumulated and prolonged bodily suffering, and in some way connected with the physical epidemics which committed such ravages about the same time, or a little previous.

It is a singular fact, recorded in connection with these epidemics, showing how mysterious are all the laws of nature, that the decrease of population, which one would suppose to result from such visitation as the black death, was in a great measure obviated by the extraordinary fruitfulness of marriage;* and it is highly probable that the unstrung nerves and physical weakness transmitted to children by unhealthy parents—such as had suffered by the influence of these calamities—had some influence in the development of the moral epidemics that followed and have been alluded to. When bodies are ill clad, ill nourished, ill housed, or by late sickness or other causes depressed, minds are apt to suffer in a corresponding manner. Any one who has experienced a severe fit of illness, which has produced great physical debility, is well aware to what extent the mind suffers, until the natural strength of the body is completely restored. The examples given show how bodies thus debilitated contained or transmitted minds equally debilitated and unhealthy, and peculiarly prone to be led away by the first lunatic fancy which presented itself; and therefore people abounded who were ready to believe themselves transformed into wolves and other wild beasts,—that they were witches, or possessed of evil spirits, &c. It is said that even the most sceptical could not shake off the influence of the popular credulity. A certain bishop of Foligno suffered himself, in bravado, to

* Hecker.—"Treatise on the Black Death," p. 33.

be bit by a tarantula; but even he, to become cured, had to throw aside his episcopal dignity, and take to dancing.

In 1556, a number of children, brought up in the city of Amsterdam—girls as well as boys—to the number of sixty or seventy, were attacked with an extraordinary disease. They climbed like cats on the walls and roofs. Their aspect was alarming, they spoke foreign languages, said wonderful things, and even gave an account of all that was passing in the municipal council. They ran in groups of ten or twelve through the public squares, went to the rector, and reproached him with his most secret actions. It is also asserted that they discovered several plots against the Protestants; and the faculty of prophesying, foretelling the future, and speaking in foreign languages appeared really to exist in this epidemic.*

But it is unnecessary to go back to the dark ages for illustrations, as such occur in our own times, and under the immediate observation of all persons. The delusion of "Millerism," which caused so much insanity, is well known to all who take any interest in the chronicles of human action; therefore it is only necessary to glance at it in this connection. Another, something similar, occurred about the same time in Sweden. The disease was characterized by two striking and remarkable symptoms: the one *physical* consisted of a spasmodical attack, involuntary contraction, contortions, &c.; the other *psychical* was announced by an extacy, more or less involuntary, during which the patient believed that he saw and heard things divine and supernatural, and was instigated to speak, or, as the people expressed it, to preach.—Many medical men considered this disease as one form of the chorea of the middle ages.

During these extacies the persons attacked were remarkable for an irresistible loquacity, a constant mania for preaching the Word of God, and for visions and prophesyings. In consequence of the peculiar tendency of this singular affection, it has been called *the preaching disease*. Most of the faculty who witnessed these paroxysms have compared them with somnambulism, or the magnetic sleep; but no one has been able to say positively that they belonged to either of these states. The sick persons frequently spoke of the visions they had had of heaven and hell, of angels, &c. They also predicted the end of the world, the last judgment, and the day of their own death—always with the assumption that their predictions were real and holy prophecies. It will be remembered that the greater number of the convulsed of St. Medard also predicted that the end of the world would occur on a day

* Van Dale.—"De l'Idolatriæ Praef," pp. 18 and 19.

which they fixed ; but, as with the Swedes and Millenarians, their prophecies were not accomplished.

These extatics, when the paroxysm was over, appeared as though they had emerged from a dream. They averred that they had seen supernatural sights, and recited the prophecies,—that they had seen the place of punishment of the condemned, and also the elect seated at the Lord's table. The greater number of the persons attacked were of the lower order. It was a psychical contagion, brought on by imitation. In one year several thousand persons had the epidemic. A development of the intellectual faculties was not remarked in this disease ; or, if it did exist, it was an exception. The greater number of the discourses and sermons were paltry and devoid of ideas, often consisting of pure nonsense, more frequently of exclamations repeated unto satiety, and continual repetitions of the same trifles, uttered in a sententious tone. Fanaticism, ignorance, and the thousands of religious tracts distributed amongst the people, had, according to the opinion of the Swedish faculty, induced a state of preparation for this epidemic.*

The influence of certain atmospheric conditions upon the mental as well as physical state of individuals has long been noticed, and there are few individuals who have not experienced this in their own persons. The influence of moist air upon the dispositions of the mind has long been known. It has also been noticed that certain atmospherical phenomena have preceded or attended suicidal epidemics ; and whether certain electrical conditions of the atmosphere have or have not an influence in spreading the suicidal and other moral epidemics is a point not easily determined. That a certain degree of eccentricity, bordering on aberration, is, in certain individuals, in whom there lurks a latent predisposition to insanity, occasionally made manifest, is well known. "With our present amount of knowledge," says Dr. Winslow,† speaking of imitative or epidemic suicide, "of the subtle principle of contagion, it is difficult to say whether an effluvium may not be generated in such cases, which, under certain conditions of the system, may communicate disease. We cannot possibly say that such is not the case," says he, "though we are by no means willing to admit that the disposition to suicide may be propagated by contagion—using the term in its usual acceptation."

Whether suicide is or is not propagated by contagion, we cannot

* "Mémoire sur l'Extase religieuse épidémique," par M. le Docteur C. N. Souden.—Quoted from *Gazette Médicale* by Dr. De Boismont, in his treatise on Hallucinations, p. 230, 231. Philadelphia edition, 1853.

† "Anatomy of Suicide," page 113.

presume to decide ; but that, in certain persons of a susceptible, nervous temperament, it is perpetrated by a morbid disposition to imitate—the same as hysteria, chorea, and other nervous affections—cannot be doubted. A man once hung himself on the threshold of one of the doors of the corridor at the *Hôtel des Invalides*. For two years previous no suicide had occurred, but in the succeeding fortnight *five* invalids hung themselves on the same cross-bar, and the passage had to be closed. In one of the Berlin hospitals, some fifty years since, a young woman, of robust frame, visited one of the patients. On entering the ward, she fell down in strong convulsions. Six female patients who saw her became at once convulsed in the same way, and, by degrees, *eight* others passed into the same condition for four months, during which time four nurses followed their example. They were all between sixteen and twenty-five years of age. Some years since, in one of our popular boarding-schools for young ladies, a pupil became affected by chorea. Her contortions being perceived by the school, this case was soon followed by another, and still another, until the disease became regularly epidemic. A judicious physician being called in, proposed that cauterization by a red-hot iron should be applied to the next case which occurred: this prescription becoming generally known through the school, no more cases occurred. In the olden time, the ladies of Miletus, in a fit of melancholy for the absence of their husbands and lovers, resolved to hang themselves, and, as in all fashionable amusements, vied with each other in the alacrity with which they carried on their work of self-destruction. Sydenham informs us that at Mansfield, in the month of June, suicide prevailed to an alarming degree, from causes wholly unknown. The same thing happened at Rouen, in 1806, at Stuttgart, in 1811, and at a village of St. Pierre Montjean, in the year 1813. One of the most marked suicidal epidemics was that which prevailed at Versailles, in the year 1793: in one year the number of suicides was thirteen hundred—a number entirely out of proportion to the population.

A suicidal epidemic prevailed at the New York State Lunatic Asylum, in July, 1851, and is alluded to by Dr. Benedict in his report for that year. Out of four hundred and sixteen patients, at that time in the institution, the suicidal propensity existed in sixty-six. The first successful attempt was made on the 12th of July, by a female of the most intelligent class. Her melancholy end became known to her companions, with whom she was a favorite, and on the following day two others in the same hall were overheard devising a plan for their own death. The large number of forty-four patients were admitted during the month of

July, nineteen of whom were suicidal. Two patients, who had long been in the house, and never manifested suicidal propensities, attempted it during this month, *though they had no knowledge of what had occurred in another part of the building*. A female attendant took, on the same day the above attempt was made, an ounce of laudanum, "because she liked it." On the 17th a patient, believed to be entirely ignorant of what had happened previously, attempted strangulation, and continued to repeat the attempt, until restrained by mechanical means. On the 20th a patient tried to open a vein in the neck, and on the 22nd another, who knew of the suicide, and was, no doubt, influenced by it, attempted her destruction. From the 14th to the end of the month fourteen attempts were made by eight different persons, and twelve others, in whom the propensity was strong, required careful and constant observation. The epidemic prevailed from the 12th to the end of July, after which time it gradually subsided, and left the minds of most of the patients. No suicidal attempt was made in the month of August in any part of the house.*

The young women of Marseilles were at one period seized with a propensity to commit suicide. A law was passed to the effect that the body of every female who committed self-murder should be publicly exposed after death. The beneficial effect was apparent immediately. No more suicides occurred: the sense of outraged modesty and shame overcame at once this morbid propensity to self-destruction.

That the *primary* cause of many of these moral epidemics was some physical disturbance, or derangement of bodily function, there can be little doubt.

"The origin of self-destruction," says Dr. Winslow,† "is more frequently dependent upon derangement of the *primæ viæ* than is generally imagined."

The great influence of indigestion in causing mental disquietude has been noticed in a previous article, and it must have been felt by most persons at one time or another. Voltaire's advice, never to ask a favor of a person in power whose bowels were constipated, is well known. Lord Byron says, in one of his letters, that nothing rendered his intellect so clear and vigorous as a dose of Epsom salts. Robespierre, the bloodthirsty tyrant of the French Revolution, was said to have had some derangement of the liver, and was habitually constipated. After death his bowels were found one adherent mass. It would be interest-

* See Report of Dr. Benedict to the Managers of the New York State Lunatic Asylum, for 1851.

† "Anatomy of Suicide," p. 195.

ing to investigate the physical causes which operated in determining the character of this bloodthirsty, diabolical monster.

Coleridge, in his "*Biographia Literaria*," attributes much of the irritability of literary men to derangement of the healthy state of the physical frame. The late Dr. Brigham furnished an illustration of this state of things in his own person, and in his writings he also alludes to it. Naturally one of the kindest and most benevolent of men, he also possessed much nervous irritability. He was, to use a common phrase, "quick tempered." This, to those who did not understand him, was sometimes very disagreeable, and called forth much forbearance on the part of his friends, and self-control on the part of himself. Much of this was attributable to his state of health, and the nervous irritability incident to excessive physical and mental labor, and its influence on a delicate organization.

The poet Pope had disease of the stomach and liver, producing hypochondriasis; and much of his malignity, petulance and personality was dependent, no doubt, upon this. Yet Bolingbroke observed to his friends that he "had known him for thirty years, and that he was the kindest hearted man in the world." The following account of the poet is given by Dr. Johnson: "Pope's constitution," says he, "which was originally feeble, became so debilitated that he stood in perpetual need of female attendance; and so great was his sensibility to cold, that he wore a fur doublet under a shirt of very coarse, warm linen. When he arose he invested himself in a bodice, made of stiff canvas, being scarcely able to hold himself erect till it was laced, and he then put on a flannel waistcoat. His legs were so slender that he enlarged their bulk with three pairs of stockings, which were drawn on and off by the maid, for he was not able to dress or undress himself, and he neither went to bed nor rose without help." "His frequent attacks of indigestion made him, at times, a perfect picture of wretchedness and misery. It clothed everything with a gloomy aspect, made him quarrel with his friends and domestics, and he has been known to say that he sighed for death as a reprieve from bodily and mental agony. Sir Samuel Garth was frequently consulted when he had these attacks; and it was only by exacting strict attention to diet, and exhibiting medicines, that he was enabled to restore the mind of the poet to a healthy tone." This physical ailment, as it often does when long continued, ultimately affected the cerebral functions. At times he had symptoms of pressure on the brain, or, at least, of an unequal and imperfect distribution of blood to that organ.*

* "*Anatomy of Suicide*," by Forbes Winslow, p. 198.

"There are crimes," says D'Israeli, "for which men are hanged, but of which they might easily have been cured by physical means." It is hard for the world to believe such doctrines, particularly if applied to those homicides who have committed great and revolting crimes, whether in a paroxysm of epileptic mania or laboring under the influence of a delusion which controlled, more or less, all the mental operations. Disease of the stomach frequently excites the suicidal disposition. Hepatic affections are almost always accompanied by depressions. Derangement of the uterine functions is also frequently the cause of great mental depression.

Some German writers lay great stress on the connection of insanity, particularly suicidal insanity, with derangement of the cutaneous secretions; but as we propose to recur to these sympathies again, in treating of the influence on the mental faculties of disease of individual organs, we merely glance at them at present.

ARTICLE III.

LEGAL RESPONSIBILITY OF EPILEPTICS.*

Notwithstanding the attention given to the jurisprudence of insanity in this country, but little has as yet been contributed towards forming a just appreciation of the legal disabilities consequent upon epilepsy. This seems remarkable, and difficult to account for, when we consider the large number of epileptics admitted into the various asylums for the insane, but more especially when we reflect that, apart from the manifest insanity sooner or later induced, the disease itself is of so grave a nature as from its inception to modify the whole character, social, moral and intellectual, involving thus early, not only the welfare of the individual, but also the peace and safety of the domestic circle, and of the community.

The work of Delasiauve on Epilepsy, from which we extract the following article, is one of the most valuable contributions recently given to psychological literature, and, in commending it to the attention

* *Traité de l'Épilepsie, Histoire, Traitement, Médecin Légale.* Par le Docteur Delasiauve, Médecin des aliénés de l'Hospice de Bicêtre. Paris, 1854.

A Treatise on Epilepsy, its History, Treatment and Jurisprudence. By Dr. Delasiauve, Physician to the Insane at "L'Hospice de Bicêtre," Paris, 1854.

of the profession in this country, we hope that it will induce further research, and the record of practical observations upon this disease, by American writers.—*Eds.*

Society, in seeking to protect itself against criminal and dangerous acts, does not desire to do injustice to those unfortunates who abandon themselves to evil, from a want of discernment, and who, when restored to reason, are the first to condemn themselves. No one would consider a man in whom insanity is apparent, and whose moral liberty is obviously destroyed, responsible for his acts; nevertheless, as epilepsy is subject to remissions, and the insanity it excites ordinarily transient, the determination of its legal relations is a matter of extreme delicacy.

Though investigated by many writers, this point is by no means settled, and the subject has not been treated in that didactic manner which would interest the student, or enable him to comprehend, at a single glance, the rules upon which to base his opinions. In addition, the uncertainty springing from this state of affairs has allowed it to vary with individual opinion; and, in tracing the line of demarcation between crime and insanity, has led science from analogous facts to contradictory conclusions, and justice from similar cases to opposite decisions.

This diversity of interpretation explains the fact, that many of our profession, especially those having the sanitary care of prisons, have met, in those establishments, convicts whose crimes seemed to have sprung entirely from mental disturbance, in many cases dependent upon epilepsy—"unfortunates placed," to borrow an expression of M. Lelut, "in physiological conditions where freedom of the will is more or less compromised." M. Vingtrinier, in his recent pamphlet, and M. Ferrus, in the course of his general investigations, have cited several cases. It would be wrong, nevertheless, to conclude that the epileptic, in the commission of reprehensible deeds, acts necessarily without moral liberty, and can claim, in consequence, entire immunity; because he is a man, and as such, with man's weaknesses and impulses, may yield, as others do, to selfish interests and criminal premeditation.

As a general thing, we must not accord to him the possession of an absolute irresponsibility. Cases frequently offer themselves for special consideration which are surrounded by so much that is vague and obscure, that it is difficult to decide whether the criminal has yielded to a fatal impulse or the suggestions of an independent conscience. It should be borne in mind that, even when reason is seemingly preserved, the attacks of the disease develop irresistible tendencies. Error frequently becomes unavoidable, if one does not weigh with care the

circumstances considered as motives to the commission of the act, endeavor to reconcile previous disposition with the impulses which provoked its execution, and look to suggestive revelations to throw light upon the formation of his judgment.

The rare or frequent recurrence of the attacks, the condition of the prisoner during the intervals, and the slowness or rapidity with which he recovers his equilibrium, are so many important particulars to be considered. Again, one must not depend exclusively upon the apparent integrity of the faculties; the replies may be more or less correct, though the moral equanimity be incomplete, or may not have existed at all previous to the perpetration of the act. This situation presents difficulties which only a physician, devoted to the specialty, by his intimate relation with the insane, and constant observation, can comprehend and solve. Even those attending patients and living constantly with them, but unacquainted, by their position, with the scientific views, have, in many cases, extreme difficulty to avoid repressing, with great severity, and as if springing from evil premeditation, the threats and violence to which, under a morbid impulse, epileptics abandon themselves.

These unfortunates, who at one time appear gloomy, inclined to steal, susceptible, in a word, to the most perverse inclinations, are at other times timid, tractable, dependent—veritable children, who, in the consciousness of an inferiority rather tending to depress than exaggerate the natural tendencies of the character, feel the need of a support, and come, in their premonitions, to claim protection against the strong impulses which subjugate them.

Marc has seen, in one of our private hospitals, an epileptic who, after having returned there several times, at length felt, himself, the necessity of remaining indefinitely. His attacks were preceded, or followed, for two or three days, by furious agitation, in the midst of which he failed in several attempts to kill his wife and domestics. It was the same in a case previously cited.

The perception which the patient himself has of the nervous agitation which represents his normal disposition, his true situation, testifies by apposition to the reality of the contrary condition, and to his morbid over-excitement. Both conditions are diversified, however, by special outward manifestations: in one is observed a species of unnatural exaltation, elevation of the voice, animation of appearance, flushing of the face; in the other the opposite physical signs.

However, upon such a subject, examples are more instructive than reasoning. They abound in the judiciary annals. We have ourselves collected a great number, containing valuable instruction, in which fatal

results have had their origin in convulsive perturbations, which might have passed unperceived. Let us first recall the curious fact connected with the case of H., who was once confined in the Bicêtre, suffering under an attack of mental alienation, and was subsequently returned for the same cause, after killing his wife. His counsel based his argument for acquittal of the murderer upon his occasional aberrations of mind—a plea which prevailed with the court. Epilepsy had not been suspected. It was only in the asylum—where, save a few transient agitations, he exhibited, even to his death, occurring a long time afterwards, perfect lucidity—that, by certain circumstances, joined to the statement of one of his parents, revealing previous nervous disease, we were led to trace his momentary wanderings, and, in part, his criminal acts to night attacks of epilepsy.

Convinced that the criminal deed resulted from mental disturbance, justice acted prudently in substituting administrative sequestration for capital condemnation. The existence of the attacks, if known, would have more completely reassured the magistrates of the equity of their decision. One circumstance was of a nature to give rise to objections: the murder having been committed under a feeling of jealousy, apparently the motive, it would be natural to argue that, independent of morbid excitement, the deed might have been the effect of natural impulse, and therefore liable to imputation. But this consideration, notwithstanding its force, is far from having a decisive value. The instinctive perversions consecutive to the attacks do not take, necessarily, as we have seen, from the violent acts of epileptics, the imprint of voluntary determination. These patients often, in the midst of their wanderings, yield to an appreciable motive, having to them the semblance of reality: but it should be asked if this motive originated in health; and if, above all, it had been sufficiently predominant to subjugate reason. Thus, the motives and premeditation which seem, in such cases, to have governed the criminal act, do not suffice to establish peremptorily the integrity of the freedom of the will, and, in consequence, the existence of culpability.

The case of a young man in this hospital, aged twenty-eight, will serve to confirm this statement: well brought up, educated, and belonging to a respectable family, he found himself condemned to two years' imprisonment for having stolen, at the instigation of his mistress, a piece of goods from the merchant who employed him. Upon the accession of an epileptic attack in prison, he was transferred to the Bicêtre. We there learned that he had been subject to epilepsy for five or six years; and it at once became evident that the crime which had led to his imprisonment had proceeded from mental disturbance. This indi-

vidual had really two natures, or, rather, his life presented two distinct phases—the one embracing a period of the week preceding or following his attacks, during which he was capable of every conceivable misdeed; the delirium at one time appearing under the form of incoherent or furious mania, at another limited to the exhibition of an exaltation compatible with a more or less regular arrangement of ideas. Again he appears irritable and imperious, violent, gloomy, inclined to assault and drunkenness. It is then especially that, although in possession of sufficient penetration to accomplish intentionally a culpable act, he has not enough discernment to consider its morality, nor self-control to abstain from it. In the other phase, in a manner normal, his character manifests itself under an entirely different aspect, implying the capacities of a man in possession of good sense, and free from all extravagance.

With some sensible modifications, the moral transformation coincides with the physical—that is, to the ordinary serenity of the features succeeds ferocious contraction or gloominess of look, distortion of the face, and a degree of feverish excitement.

M. Lelut cites and comments in the same way upon a case analogous to the preceding. Having discovered that a prisoner of Roguette, condemned for aggravated theft, had been subject to violent epileptic attacks, followed by maniacal agitation, previous to the commission of the crime, he did not hesitate to attribute the cause to them. “Such facts,” says he, “are frequent; and if the mania, in this case, because of its rapidity, cannot be considered as persistent madness, one is legally authorized to examine if so serious and overwhelming an affection leaves, in the interval of attacks, sufficient penetration for the discerning accomplishment of acts, and for responsibility.”

On this occasion M. Lelut, by a digression which one may follow with interest, has proposed a series of measures designed to deprecate the judicial errors arising from the uncertainty which envelops the subject. He suggests that, in the preventive prisons and houses of arrest, the physician and director should be informed of the least mental anomalies exhibited by the culprits, to the end, that with a knowledge of these facts, the magistracy may prevent by law oppressive injustice. Nothing more liberal, or more humane!

Unfortunately, M. Lelut does not stop there, and detaches himself, it seems to us, too easily from principles, in consenting, according to his expression, that one should determine, by means more or less arbitrary, the circle whereby reason is circumscribed, and that we should narrow it at pleasure, “provided that one opens to those who exceed its limits the doors of a charitable institution instead of the gates of a

prison." "Before the individual," adds he, according to Aristotle, "the family; before the family, the city; before the city, the state."

We know not how to assent to such a doctrine—a doctrine full of dangers, the hidden source of all public evils. Far from being sacrificed, individual interest ought to remain preponderant. If we examine the true nature of social relation, we are easily convinced that this interest is the paramount element of those to which M. Lelut would make it subordinate, and their most powerful protection; the family, the city, the state, are in reality but collections of *individuals*. Equity always, and for all—such is the doctrine alone acceptable, without which there is neither guaranty, nor foundation, nor even existence for humanity. Finally, we can say with reason that the disregard of every enactment is better than the destruction of one moral law.

Entirely setting aside, however, conventional limitations, it is not, perhaps, impossible to fix scientifically a line of demarcation between responsibility and irresponsibility. This rational limit, and which, according to us, does not admit of compromise, would be where the normal state changes and the malady commences. Free will, as we have expressed it elsewhere, seems to have been given to man to act as a counterpoise to his organic impulses. However violent these inclinations may be in physiological construction, it is reasonable to admit that Providence has rendered this internal force sufficient to resist them. But in morbid conditions the situation changes. Without doubt, then, the impulses are not constantly and necessarily irresistible; but it would be unjust to attach a judicial responsibility to acts, while we are powerless to decide the point where pathological influence may have affected volition, abolished reflection, and paralyzed the will.

However this may be, M. Lelut, pursuing the solution of the problem, thinks that epilepsy without alienation, especially if the criminal act is committed some time after an attack, does not exclude imputability. This rule, to which we have ourselves formerly called attention, requires in practice extreme watchfulness. A sort of tacit jurisprudence has admitted the irresponsibility of the patient during an interval of two or three days before or after an epileptic convulsion. The most cursory examination of the history and character of the affection proves the insanity of this idea—certain epileptics, so to speak, retaining no impression from their attacks; while in others the mental disturbance is persistent, or manifests itself only at a period sensibly removed from the nervous convulsion.

There exists, moreover, in the generality of individuals, though not insane in appearance, and subjected to rare attacks, an uncertainty and a moral depression, of which it is important, we repeat it, to seek

the slightest indications. Finally, we must guard against simulated attacks.

Marc has justly placed among the conditions of legal immunity the intensity of the paroxysms. It is to be remembered, notwithstanding, that light attacks are often attended with equally disastrous consequences. M. Renaudin has offered, upon this subject, some new considerations. It seems to him that the epileptic shock, constituting the issue of an internal spasm, proves abortive under one form, only to show itself in another—that is to say, in this case, by alienation; as if mental disorder substituted itself for the convulsion which could not be developed. He also commends this circumstance to the especial attention of physicians and magistrates.

The frequency of the paroxysms and the origin of the disease will increase the presumptions of impairment of moral power. Indeed M. Lelut has borrowed a case from Esquirol, where, notwithstanding the conjunction of these two circumstances, reason was still preserved perfectly intact.

One class of these mental disorders leads especially to fatal catastrophes. These are those hallucinatory forms, where, under the dominion of intense fear, the epileptic believes he is called upon to defend himself, and to guard against the attacks of dangerous enemies. In the criminal process instituted in such a case, and especially in the observations cited by Marc, we can trace ordinarily, as a motive, this sensorial error. A butcher boy, accused of the murder of one of his companions, imagined, according to the statement of Dr. Fischer, that it was designed to shoot him, and to accomplish the act with a gun. A young lithographer, employed in a house at Toulon, had been incited to the two-fold attempt at homicide and suicide by a similar motive. A letter left on his table, in which he revealed the design of three other assassinations, makes it obvious that this unhappy being, blinded by sinister visions, had no other motive than to avoid odious persecutions. A third prisoner, whose history Chambeyron has traced, seems to have obeyed the same promptings of secret hallucinations, and, some moments before the commission of the act, said to one of his neighbors that he had learned that the child whom he afterwards killed, had fallen a victim to the whooping-cough. Several attacks coming on in prison were accompanied with excitement. Another heard accusing voices, and complained of being trodden under foot.

Independently of a full appreciation of the disease in itself, and its mental consequences, the expert cannot examine too carefully the circumstances which attend the crime, the form under which it is accomplished, the motives which may have governed the epileptic, his sub-

sequent conduct, his own plan of defence, &c. We notice, in almost all the cases reported in the public papers and judiciary debates, singularities of expression, and strange details, which make us doubt, from the first, if they emanated from a sane intelligence.

With regard to the execution of the deed, ordinary criminals use all due precautions against discovery. It may be the same with some individuals who have acted under the impulse of an epileptic attack. More frequently, however, regardless of the effects and the morality of their actions, they make but feeble efforts at concealment. There are those who abandon themselves openly to their fury, multiplying their victims without hesitation, gloating over their bodies, and, far from being intimidated by the presence of witnesses, seem often to find in them a new cause for excitement.

This disregard of every feeling of self-preservation, this contempt of danger, are, when found united, the best proofs of the absence of moral liberty. "All epilepsy," says Marc, "warrants, upon the event of a criminal act, the suspicion of mental disorder;" and he adds, "this suspicion is increased in absence of any strong personal motive." With this view other authors, and in the number Orfila, with more apparent sagacity, perhaps, than actual observation, considered, on the other hand, as an evidence of culpability the intentional secrecy by which the acts were characterized.

However, some reflections suggested by the case of the patient H——, to whom a feeling of jealousy could not have been foreign, make it obvious that it is necessary to modify this doctrine; since, in developing a peculiar irritability, ungovernable and fatal propensities, the morbid influence does not absolutely prevent the association and arrangement of ideas. Such an individual, who, in his intervals of reason and calm, would be able to control his impulses, runs the chance of yielding to them during intellectual excitement; as a man who would accomplish, under the influence of intoxication, a deed from which in cooler blood he might have recoiled. Epilepsy, judiciously remarks M. Boileau de Castelnau, destroys the power of justly estimating these prejudices, of duly appreciating their foundation, or resisting the extravagances to which they tend.

This epileptic susceptibility does not serve as a medium only for evil propensities: it can of itself call them directly into play, excite and foster the idea of misdeed, and lead to its fatal realization.

A meningeal congestion, the result of numerous paroxysms, has recently carried off one of our most interesting patients. With a quick intelligence, a mild and benevolent disposition, none was more ready than he to recognize the least mark of solicitude of which he

might be the object; but in the way of retaliation he was utterly ungovernable towards those who opposed his wishes. Nothing could induce him to renounce such prejudices; and even with a disposition less yielding, the burning threats to which he abandoned himself could have been easily carried into culpable execution.

Scenes of vindictiveness and brutality, otherwise inexplicable, arise from this cause in our asylums. We had, during the past year, in our department, a poor Italian, the victim of the blind malevolence of some of his companions in misfortune, who combined to entrap him and overcome him with blows. None of the accomplices betrayed the plot. Such wanton cruelty could evidently be attributed only to morbid perversion, and a lethargic condition of moral liberty.

The situation and conduct of epileptics after the perpetration of a crime has been justly insisted upon as a matter of importance. They generally exhibit evident indications of moral agitation. A dull expression, and a sinister lighting up of the countenance, reveal in them a vague and gloomy inquietude. The *co-ordination* of ideas is usually slow and difficult. They confess, moreover, the crime with the less reserve, as they see in it only the effect of a justifiable defence, or of an involuntary impulse, and feel grief rather than remorse, regret rather than fear. If ignorant of the fatal consequences of their madness, they receive intelligence of it with strange impassability, and, indifferent to the perils which threaten either their existence or their liberty, they neglect either to destroy the traces of their guilt, or to elude pursuit. When they fly, it is less to escape justice than the imaginary dangers with which their persistent hallucinations surround them; and, finally, they make no resistance to the confinement to which they are subjected.

Nevertheless, here, as in all opinions relative to epileptics, we must admit certain exceptions. Of those who, among others, appear to have been governed by a voluntary tendency, many appreciating the extent of the crime, not considering the influence exercised by the disease, and believing in an evil intention and in the existence of moral liberty, feel themselves under a serious responsibility. In this situation, and as epilepsy tends to exaggerate the instinct of cunning and of self-preservation, they have recourse, generally, to the artifices and subterfuges usually practiced by ordinary criminals. Should the crime be evident, they appeal to their malady as an excuse. In the other case, they endeavor to obscure the truth, contradict the testimony, establish an *alibi*, and willingly conform to the plea of their counsel.

These circumstances do not necessarily imply to the criminal action an origin absolutely independent of a morbid impulse. It does not follow that, from the apparent consciousness which the criminal may

have of his fault, and the manner in which he may repel the charges of the accusation, the magistrates should infer the freedom of will, and responsibility in the commission of the act.

There are, at times, certain accessory considerations, in reference to epilepsy, which may arise during the progress of a judicial trial. Dr. Jahn has very wisely observed, that certain sensorial impressions are of a nature, owing to the bias which they imparted to the mind, to suggest pernicious fancies. For example, the sight of bloodshed is sufficient to create in a patient, either the apprehension of criminal designs upon himself, or the imagined necessity of killing others. A young man, under the influence of his epileptic fears, saw a hatchet in an unaccustomed place, and supposed it designed for his destruction; thus showing that this instrument, to which is attached a sinister impression, had been capable of awakening a series of analogous conceptions. Who is ignorant of the strange effects of the imagination—the singularities of the imitative faculty? Who has not seen that the simple reading of a notorious criminal affair—the recital of a murder, of an incendiarism, or of a suicide—lead, in predisposed organizations, to the perpetration of the identical deed?

Certain atmospherical conditions have also an influence. We know, especially, that intense heat, in creating a flow of blood to the brain, often produces mental disturbance. Admissions to our insane hospitals are never more frequent than during the dog-days. It would, therefore, be advisable to take into consideration such an influence, if, by its coincidence with the period of the crime, it would seem to have acted upon the moral disposition of the accused.

There would be, above all, strong reasons for believing in the absence of moral liberty, if it were proven that the epileptic had lately abandoned himself to the use of alcoholic drinks; nothing, we repeat with M. Renaudin, being more capable, not only of aggravating the attacks, but, still more, of giving rise to sinister hallucinations.

We have now examined the principal elements of epileptic responsibility which are calculated to enlighten the judgment of magistrates. The necessity of more extended information on this subject becomes more pressing when we reflect that instances are not wanting where justice has visited with unmerited punishment those who have unhappily yielded only to a pathological instigation. In some cases the proofs are sufficiently evident to admit of an easy demonstration; in others, on the contrary, the known quantities of the problem are much more uncertain. It is here that wisdom in the judge should be united with a lively solicitude. Therefore, with the purpose of promoting the success of his examinations, upon a subject comparatively new, and

which has excited but little attention, we think we are responding to an absolute necessity when we support the preceding rules by a brief exposition of several judicial causes, capable of serving as a guide in cases under analogous circumstances.

I. *Murder committed by an Epileptic, at the termination of a series of attacks.—Acquittal of the Prisoner.—Placed under surveillance in a Work-house. (Maison de travail.)*

On the 30th of August, 1808, the justice of Hildburghausen was informed that a butcher boy had, before his own door, with a poignard, stabbed one of his companions. The murderer was not arrested until the following day, but in the meanwhile it had been ascertained, at the inquest, that on the day when the crime was committed he was evidently not in possession of his reason. His father also made a written statement to that effect, which was confirmed by the physician.

L. K. was twenty-one years of age, and of a robust constitution. There had been no cases of insanity or epilepsy in his family. Until his seventeenth year, when he made the tour of France, his health, with the exception of an habitual cough, had been good, and his conduct irreproachable. Eighteen months previous to this time, however, he had experienced, at Altona, two mild attacks of epilepsy.

Having returned home at the commencement of the month of June, he had, on the 27th, just before dinner, a well marked attack, without any premonitory or accompanying symptoms. While working in the fields, on the 23d of August, the weather being oppressively hot, the disease broke out anew, and manifested itself up to the 29th in daily attacks.

Marked changes then became apparent in his *morale*. He was moody, his replies brief, and the approach of night awakened apprehensions which led him to lock himself in his room. On the 30th his anxiety increased; he feared expulsion from his father's roof, and shed many tears. In the afternoon he was deeply affected by the sight of a hatchet, imagined that it was designed to deprive him of life, and fled, but was taken, though not without resistance. In the midst of his struggles he cried out, "If I return I am lost!" However, this temporary excitement subsided; he ate, smoked his pipe, and went to a tavern to aid in slaughtering an ox. But on his return his fears were renewed, and some friends took him home; there he possessed himself secretly of a knife; then coming out with it, created great alarm by brandishing his weapon, wounded one mortally, and escaped.

During the night he wandered in the forest, and, on the 31st, having taken refuge at his uncle's, two leagues distant, he related that some one had designed to shoot him, and finish the deed with a hatchet. The knife was still in his possession; he gave it up, and thought he remembered giving two blows to the person with whom he struggled.

His recital, in which were united the fanciful and the real, lacked neither connection nor exactness. He heard, moreover, with total indifference the account of the fatal issue of his violence, and betrayed no more emotion when, a moment after, some one endeavored to undeceive him. In the prison, where he allowed himself to be taken without resistance, and where he manifested at intervals some returns of apprehension and agitation, he persisted in his statement with the same sincerity. Fifteen days after, learning, in reply to his reiterated demands for liberation, the true reason of his imprisonment, an apparent stupor alone betrayed the effect which this intelligence produced; but his pulse, regular until then, exhibited a slight intermittence, which continued for three months.

It is easy to see, from this combination of circumstances, that the crime in this case was the result of disease. It was committed during the dog-days; L. K. had experienced a repeated series of attacks; his delirium, manifest before that event, presented that hallucinatory character so fruitful in fatal reactions; no passion excited him against his victim; the criminal deed contrasted with the mildness of his manners and the morality of his habits; he had, lastly, so little consciousness of its magnitude that he did not seek to escape its legal consequences, and, while the confusion of his ideas lasted, gave its details, or listened to them, with entire indifference.

These conclusions have been, for the most part, very ably set forth by Dr. Fischer, in the report which he was deputed to prepare on this occasion. In addition there are several important points which merit attention.

Dr. Fischer, taking into consideration the age of the patient, and the sudden explosion of the paroxysms, drew the conclusion, that a nervous action so intense would constitute a crisis indicative of favorable change,—that probably the disease, thus viewed, would reproduce itself no longer,—and that, in consequence, it would be better, instead of placing the accused in an *établissement de force*, or in an asylum for the insane, to put him in a work-house, where he would be carefully watched.

These predictions were confirmed by the facts. After seven years, L. K., freed from all epileptic disease, still retained the integrity of his

faculties. However, if such a result does honor to the sagacity of the physician, it would be imprudent, we think, to allow such examples, in reality very rare, to serve as precedents—thereby dispossessing judicial proceedings of a sufficient security. The fatality inherent to epilepsy is too absolute, in any case, to abandon those unhappy persons subject to this disease, after the committal of a murder, to the suggestions of their own will.

Certain rules are proposed for experts in the examination of these patients. In the opinion of Dr. Fischer they are thus, so to speak, summed up: he insists, among others, upon the necessity, in doubtful cases, of submitting the prisoner to the strictest surveillance,—repeated examinations,—of not subjecting him to questions oftener than his mental state permits,—to treat him with kindness,—to have recourse to coercive measures only with extreme caution,—to remove from him all causes of excitement liable to induce madness, and to conceal in this way the true situation.

II. *Murder of a Child eleven years old, induced by Epilepsy.—Death of the Murderer, in a paroxysm, before the opening of the Court.*

Joachim Hæve, for a long time an epileptic, atrociously murdered, July 19th, 1826, a girl named Lange, aged eleven years. She was gathering wood in the court-yard with the murderer's nephew, when he descended in his shirt, turned back to strike his nephew, who offered him something to eat, but not succeeding, pursued the other child, who had fled from fear. The presence and the cries of the mistress of the establishment, far from serving to intimidate him, seemed only to increase his fury, and to excite him, under a ferocious impulse, to repeat useless mutilations of the body.

This individual, naturally mild and peaceable, had always manifested an affection for children. Ties of kindred and of friendship united him to the family of Lange, against whom, besides, he had no subject of animosity. Series of attacks, intensely severe, succeeded each other. It was proven that, on the 16th and 17th, two days before the catastrophe he had had several; on the 18th he exhibited a strong repugnance to food; on the morning of the 19th a witness saw him in bed, in profound stupor, and breathing stertorously, which led to the belief that he had just passed through a paroxysm.

Hæve had but a vague remembrance of the scene which had transpired. He could recall only the feeling of disgust which he experienced, the night before, for nourishment,—of some soiled linen which he had carried to his sister-in-law,—and of resting in the

evening, before his door, half dressed; and, according to his own statement, this species of dulness always followed his convulsive attacks. He recovered his moral equilibrium slowly; and even when lucidity seemed restored, the least attempt to rise, or to dress himself, brought on exhaustion, cephalalgia, and loss of perception.

In analyzing the several elements of this act, one is naturally disposed to adopt the conclusions of Dr. Jahn, of Gustrow, in his full and able report. The frequency of the convulsions, the state of stupor which accompanied them, the pseudo-perceptions darting across his intellectual darkness, the absence of all motive, and of choice in the victim, the commission of the deed in open day, soon after a crisis, and its ferocity, all demonstrate that at the fatal moment he did not enjoy the free exercise of his faculties.

One circumstance, apparently trivial, is worthy of note. It is not impossible that asking the murderer "if he would eat" was the exciting cause of his fury. The violence of epileptics is such, under the dominion of morbid irritability, that often nothing more even than this is wanting to lead them to the commission of dreadful cruelties. One of our patients having asked his companion to make room for him upon a bench, the latter became furious, threw himself impetuously upon him, and struck him with extreme brutality. Another, when asked to lend his pipe to light a cigar, abandoned himself to the same excess.

In the case of Hæve, the heat of the weather increased the mental disturbance, and in confirmation of the correctness of Dr. Jahn's opinion, even before the opening of the court, the accused died in a paroxysm in prison.

III. *Triple Murder committed by an Epileptic.—Acquittal and Sequestration.*

Jacques M——, of Charroux, whose character had been modified by epileptic attacks, became angered by his mother's reproaches on the occasion of a heavy marketing, and, rushing into the fields, killed three persons in succession. It was only after the discharge of a gun at him that he was arrested. His mind was confused and disturbed, but, when calm succeeded, he recollected the commission of the murders and attributing them entirely to mental alienation, protested against any punishment.

By a decree of the chamber, dated May 27th, 1826, the complaint was dismissed, all proceedings were arrested, and he was ordered to sequestration in an asylum.

Georget, to whom we are indebted for this case, mentions several others equally interesting.

IV.—V. In July, 1804, a soldier, accused of murder, was acquitted by a court-martial, as having acted under the influence of epileptic mania. The court of assizes at Leon also acquitted Josephine D——, subject, in consequence of repeated epileptic attacks, to habitual dullness, who had taken a young girl of six years into a lonely place, strangled her, and afterwards stolen her ear-rings. This unfortunate person herself detailed the circumstances of her crime.

Another case is reported by Orfila, from the *Gazette des Tribunaux*. (1836.)

VI. An epileptic, after abandoning himself to great violence in a church, went out into the fields and killed three persons. On coming to himself, he exhibited the greatest sorrow. In his frenzy he imagined he saw flames. His sequestration was very judiciously ordered.

Georget not only commends these verdicts of acquittal, but would, also, that for acts committed in the intervals of calm the epileptic should be punished less severely than ordinary criminals.

This opinion has been again referred to by M. Bottex, in reference to two patients—one of a naturally mild temper, who put to death, in a paroxysm of fury, a woman who made certain representations to him, and another, constantly dull and stupid, who was offended by the coquettish dress of a young girl of fifteen, and stretched her dead at his feet with a blow of a *goyarde*. The latter, freed without trial, was placed in an asylum as a measure of public security.

After according his assent to this decision, M. Bottex adds, referring to those cases where lucidity seems to be restored: “Although coming under the common law, epileptics should be subjected to a less severe punishment, especially when they have not yielded to appreciable motives.”

But M. Boileau de Castelnau is justly opposed to this compromise. If, as Georget thinks, the moral condition is evidently changed, says he, responsibility cannot be admitted.

VII. *Alleged Murder of a very young Child.—Existence of Epilepsy questioned.—Discharge of the Prisoner.*

D. B., aged twenty-seven, worked as a journeyman at Pleurtuit, in the district of Saint Malo. His habits were regular and industrious. Early in 1837, although already the father of four children, he took to his own house to rear a little son of his sister-in-law, L——. These children were all taken sick at the same time with whooping-cough.

On Sunday, July 16, 1837, a woman, passing near his house on her way from mass, heard the cries of a child apparently receiving blows. On the Friday following L—— exhibited to several of her neighbors excoriated bruises over the whole chest and abdomen of the child. Sunday morning, 23d, D. B. was alone at home, and standing beside his door, remarked to a witness that “his children were nearly dead with the whooping-cough.” He then went to another house and asked for “a cup of cider for poor little L., who is very bad.” There, two persons, observing his emotions, went home with him, examined the child, and found that it was dead, of which D., who tried to force him to swallow the cider, did not appear to be convinced.

At the time of putting on the grave-clothes, two women, to whom this charge had been consigned, brought for the corpse a shirt and cap, of inferior quality to those the child had been accustomed to wear. D. remarked, “It is of but little importance whether one is put on or the other.” He himself placed the corpse in the winding-sheet, the ends of which he hastily raised. This precipitation, joined to the reports of his bad treatment, awakened the suspicions of the women present; they uncovered the body, and there found the marks of several wounds. D. readily explained them by saying that, having gone out to gather a few cherries, he had, on his return, found the child extended stiff upon the ground, and that the wounds were undoubtedly the result of that fall.

Nevertheless, the rumors which had circulated caused an inquest to be held, during the session of which D. kept profoundly silent. It was established that the shirt taken from the child immediately after his decease bore no marks of wounds,—that the bed from which he was said to have fallen was only thirty-three *centimetres* higher than the bench used in getting into it,—that the bench itself was so fastened to the couch that it could not be overturned,—and that the couch was eighty-four *centimetres* high,—and also that the ground about it was smooth and beaten, and not a single stone within a circumference of three feet.

D., imprisoned at Saint Malo, was seized with violent nervous shocks. He was removed to the hospital of Saint Servan, whence he made his escape; again retaken, he was ordered to Rennes, and brought before the justice; but the accession of epileptic convulsions decided the postponement of the investigation, and the accused was placed in an asylum for the insane.

Having been submitted to the observation of Dr. Chambeyron, the latter testified in his judiciary deposition, that he, from Nov. 28th to Dec. 5th., had had fourteen convulsions during the day, and that during the night he was probably not exempt from them,—that in the intervals of calm he appeared gloomy and restless,—and that he had frequent

attacks of maniacal excitement, rendering the use of the camisole necessary. He would walk up and down very rapidly, declaiming unintelligibly in his defence; and complained that people came into his room to draw confessions from him, and that, despairing of obtaining any, would trample him under their feet.

The people at Pleurtuit did not know that D. was an epileptic, as he had lived there but one year, and nothing about him had indicated mental alienation. He exhibited in his defence great readiness; and, in explanation of the groans heard July 16th, acknowledged that he had given his nephew two blows upon the breech, to oblige him to take some goat's milk, prescribed by a physician. As little L. slept with him, doubtless in his convulsive tossings during some night attacks, he had made the wound shown to the neighbors by the mother. A second attack on the following Sunday morning, had resulted in throwing the child out upon the ground, where, on his return, he had found him lying motionless. He had concealed his disease on account of the prejudice an acknowledgment of it would create against him; but that, in view of the accusation made against him, he would tell the truth, since his infirmity had become known. Also, loving his nephew dearly, he was wretched on account of the misfortune of which he had been the innocent cause.

This affair was surrounded by uncertainties. In the first place, how was death produced? Admitting that it was caused by the wounds—did they result from intentional or accidental violence? Did not D., of whose attacks all were ignorant, feign those he had in the prison and in the court-room? Would the desire alone of relieving his sister-in-law of a child which was a shame and a burden to her, as the prosecution charged, be a sufficiently powerful motive to urge him to murder? Under any supposition, it was difficult to account for the wounds. The situation of the bed and the nature of the ground forbade attributing it to the fall. Sleeping in the same bed with the child, could it be that he had inflicted them in his struggles? How reconcile it with his finding himself dressed and away from his house? Would he not, rather, wandering about in the restlessness which accompanies an attack, have committed his violence purely automatically?

Dr. Chambeyron, who had carefully observed, entertained no doubt of the epileptic character of the attacks which seized him in prison. Besides all this, according to a certificate from the mayor of his birth-place, he had been subject to epilepsy since his twelfth year. It would not, therefore, be impossible that he might have had a return of the disease on the days he committed the acts.

This slowness in acknowledging the disease—this deception, as

it were—is not surprising. We have seen many epileptics, with a feeling of shame, instinctively shrink from the confession of an infirmity so hopeless. Some are ignorant of the use they may make of it, or it does not occur to them to offer it in defence.

I have quite recently received information which, if correct, and received at the proper time, would certainly have changed the decision in a criminal trial still fresh in the minds of all. The notorious Boccarmé, eleven or twelve years before the commission of his crime, was for several months treated, in an asylum, for epilepsy complicated with mental disorder. This disease, in D's case, was too slightly noticed. Notwithstanding the proofs of capacity given by the accused, would it be presuming too much to think that his nervous attacks, more or less masked, arousing his evil tendencies, might have led him to commit the crime with which he is charged?

Whatever may have been the value of these remarks, the jury were not convinced either of the guilt or sanity of the accused, and rendered a verdict of acquittal, in consequence of which he was set at liberty. It would be interesting to know the future history of this unfortunate man, and the results of his unrestrained freedom.

In the preceding observations, justice, in considering the epileptic state, and the moral consequences it entails, bases its decision, favorable to the accused, upon the want of freedom of will at the time of the commission of the act. But beside these facts we can place others, the details of which, of the utmost interest to the physician devoted to this specialty, will not prevent the conviction of those unfortunates who, seemingly governed by some mental perversion, would not, perhaps, have had less right to the benefit of an acquittal. Georget reports a marked case bearing on this point.

VIII. Lecouffe, a young man, aged twenty-four years, accused of robbing and murdering an old woman, was brought before the court of assizes, Dec. 11th, 1853, condemned to death and executed. In the opinion of those who knew him, he had always been imbecile and an idiot. His mother, notoriously immoral, had entire control over him. He accused her of instigating him to the commission of the crime, and so great was her ascendancy over him, that he was not at all times able to sustain this charge in her presence. He had some matrimonial projects, and his mother, taking advantage of his imbecility, had bribed his acquiescence in the perpetration of the crime; and she had, besides, appropriated almost exclusively the proceeds of the theft, since, out of the sum of two hundred and fifty francs, she gave him only forty.

Lecouffe at first denied the charges, but finally made a full confession. This change appears to have been very singularly produced. The day after the murder the ghost of his father had appeared before him, commanding him to tell the truth; and he had heard the voice of God promise his pardon on this condition.

In prison the jailors were surprised at his mental weakness, and his incoherent and puerile language. They witnessed several returns of convulsive attacks, at the end of which, a prey to hallucinations, he uttered dismal cries. These paroxysms, occurring during the trial, did not prevent the prosecuting attorney from inferring the absence of insanity; and he could only perceive, in the false perceptions of the accused, the remorse of a guilty conscience.

In explaining these several particulars, Georget has skilfully shown the fallacy of the premises on which this verdict was rendered. To him, the early date of his disease, and the frequency of his attacks, his uniform stupidity, his abject submission to his mother's will, the strange phenomena observed in prison, and which were, probably, not unusual to him, were all so many proofs that the condemned did not possess complete freedom of will; and with insufficient moral perception, a nature weak and uneducated, he was fatally predisposed to serve as a ready instrument to any foreign suggestions, or his own bad passions. I admit that Marc, finding that this patient had obeyed an obvious selfish interest, dissented from the conclusions of Georget; but we have seen that the intention, which governed the act, does not necessarily imply the possession of an independent volition. Hence, the elements of the case, upon which Georget rests his view, are such as to attach us to his opinion.

M. Boileau de Castelnau has given the history of an imprisoned epileptic, who would have been the victim of a sentence equally to be regretted.

·IX. Jean Paul J——, maddened by the teasing and insults of one of his fellow-prisoners, stabbed him several times with a knife, soon after a convulsion. Notwithstanding the clear testimony of M. Boileau de Castelnau and the eloquent pleading of M. Frederic Nicot, the Attorney General, the jury found him guilty—only reducing the degree of punishment, and inflicting upon him but six years of imprisonment.

We can scarcely be mistaken, in this case, in regard to the fact of the existence of mental alienation. The author says nothing of the crime which led to his first imprisonment, but was anxious to know whether it also was not ascribable to some epileptic influence: if it was so, it would add another to the number of those unjustly condemned.

A case reported by M. Moreau de Tours, from a judicial paper, may

be added to the above. An old sailor, subject to hallucinations after each series of attacks, had, in a sudden transport of epileptic fury, wounded with a knife a great number of persons. He, like the former, had already, after a previous arrest, suffered an imprisonment of three months, for assaults which were really but the effect of his disease. Dr. Dejaeghère cites an analogous decision.

X. A man named Rœgiers, epileptic from his seventh year, suffered from nocturnal attacks, followed by short paroxysms of fury. This irritability led him, one day, to commit some act upon one of his neighbors which made him a subject for correctional punishment. After his release he did not appear to retain any resentment towards the one who had been instrumental in his conviction, but, soon after, openly and in mid-day, seized him by the arm, inflicted a mortal wound, and went through the streets brandishing the bloody knife. In this case the intellectual disease seems incontestible; but were it less evident, the eccentric manner in which the assassination was committed would be sufficient to place its reality beyond a doubt.

XI. We read also, in the *Annales Médico-psychologiques*, that Lecomte d'Orchies was condemned to four years' imprisonment for setting fire to a rick of corn. This man, who suffered from three or four epileptic attacks daily, had no other motive for committing the act than the desire to be imprisoned, as he said, to escape from misery. Such a reason in itself denotes a serious moral change; and who, familiar with the history of epilepsy, can suppose the free power of the reflective faculties compatible with so many convulsions?

From what has been shown we may understand the proper course to be taken in legal proceedings in determining the existence of epilepsy. Far from being considered as insignificant, the slightest singularity in the act, the least nervous disturbance giving rise to the suspicion of epilepsy, requires the most careful attention. Dr. Mansfeld speaks of a soldier who had, without provocation, committed a most reprehensible act of insubordination. The merest chance, so to speak, explained his conduct, by revealing the existence of epilepsy; but for this circumstance he would have been condemned. He was acquitted, and at the same time, as a just precautionary measure, was ordered into sequestration.

Appropriate to these observations, M. Renaudin cites the case of another soldier, who had carried the colors for fourteen years, had renewed his engagement thrice, and was all that time able to conceal his disease. In admitting, on the part of this man, the perpetration of a criminal act, would there not be danger that, although having labored under a morbid impulse, he would have been held responsible?

ARTICLE IV.

INSANITY IN CANADA.*

In Canada, as in other countries, very little was known on the subject of insanity, and the extent of its prevalence, before the institution of asylums for the reception of its victims. The presence of one insane or idiotic person in each thousand of the thin population of a new country, in the wilds of America, was not likely to create any very strong conviction in the minds of the people generally, or to awaken much inquiry, on the subject of insanity, as an important national fact. Now, however, that the gleanings of the tangled field have begun to be gathered in and garnered, and our people have the opportunity of seeing, under one roof, several hundred lunatics, a great change in their estimate of the prevalence of insanity has taken place.

The almost universal declaration is, that the malady is rapidly increasing in Canada; and the settlers from Europe, whose experience, before their emigration, was quite as meagre as that of our most beclouded foresters, with almost one accord—English, Irish and Scotch—exclaim that this is a sad country for producing madness! It is questionable whether in any country there is a lower ratio of insanity than in Canada. This assertion, however, is to be understood as mainly applicable to Western Canada. The census of 1851 shows, in this division of the united provinces, 1069 lunatics and idiots, in a population of 952,004; or one in every 890. The general average for all Ireland, in the last census, was one in every 657; and it is more than probable that an equally exact enumeration would show the averages in England and Scotland to be fully as high, if not higher. In Eastern Canada there appears, by the census, to be a much larger proportion of insane persons than in Western Canada; and it is the opinion of those acquainted with the former province that there is a very large preponderance of idiocy in the aggregate returns. The total number of lunatics, so termed, (including both lunatics and idiots,) in Eastern Canada, in 1851, was 1733; total population, 890,261; showing one lunatic or idiot in every 513 of the population.

When it is considered that the French inhabitants of Eastern Canada, confined to a very limited region on the banks of the St. Lawrence,

* Canadian census, 1855.

and descended from a limited number of unmixed settlers, chiefly from one or two departments of the mother country, have intermarried with each other for a period of two centuries, and have, by their language, religion, and other isolating influences, preserved their national unity almost untouched, little surprise will be felt that *idiocy* has become largely prevalent in the race.

In Western Canada, on the other hand, the settlers from the British islands, constituting a thoroughly variegated mixture, have been, by conjugal alliances, even in the short period of half a century, almost transformed into a new people, and by no means a degenerate one. It is the belief of the writer that, should a healthy stream of emigration into Western Canada continue for another half century, the ratio of insanity would be found to be lower than in any other country. The natural resources of the province are unsurpassed; the climate is, in reality, superior to that of England; the necessaries and comforts of life are procurable by a light expenditure of bodily or mental toil; and the people are generally temperate, intelligent, and moderately religious. The increase of population in Western Canada has been very rapid. In 1811 it amounted to 77,000, and in 1851 has been found to be 952,004; being more than a twelvefold increase in forty years. In the last ten years of the above period it rose from 465,357 to 952,004. It cannot, therefore, be any matter of surprise, that with the rapid and large increase of population the number of the insane should increase also; yet it is questionable whether this has kept pace with the increase of population.

It has been found in Western Canada, as in the United States, but, of course, to a still greater extent, that the lunatics sent into the asylum have been chiefly of foreign birth; and the natives of Ireland have constituted the majority. In the first two years from the opening of the temporary asylum in Toronto, in 1841, the register of admissions shows the following proportions, as to national origin:

Natives of Ireland.....	54 per cent.
“ England.....	24 “
“ Scotland.....	11 “
“ Canada.....	7 “
“ Other countries.....	4 “
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100	

In the last two years, however, a striking change has been evinced in the national proportions; the admissions have been thus:

Natives of Ireland	36½ per cent.	
“ England	16	“
“ Scotland	18¾	“
“ Canada	17¾	“
“ United States	6¾	“
“ Other countries	4¼	“
	<hr/>	
	100	

The population of Western Canada is constituted, as to nativity, as follows :

Born in Ireland	18.5 per cent.	
“ Scotland	8.0	“
“ England	8.7	“
“ Canada	58.0	“
“ United States	4.6	“
“ Other countries	2.2	“
	<hr/>	
	100	

It will be observed that, notwithstanding the large preponderance in the population of persons born in Canada, these constitute but a trivial portion of the inmates of the asylum. Nothing, however, could be more erroneous than the conclusion that because of this disparity Canadians must be comparatively exempt from insanity. That portion of the population designated Canadian comprises all who have been born in Canada; and it is quite usual to find in the same family the parents and several of the elder children of foreign origin, and the younger styled Canadian. The Canadian portion of the census is, to a considerable extent, the youthful progeny of the settlers who have entered the province in the last twenty years. As these native Canadians attain to riper years, and encounter the various disturbing agencies which tend to the development of insanity, the inherent predisposition to the malady, derived from their parents, will manifest itself; though it is to be hoped, from their more comfortable physical condition, and a better moral and social discipline, the incidence of the disease will be materially curtailed.

It is deserving of notice, that for the last fourteen months a very great apparent increase of insanity amongst females in Western Canada has been observed. Of two hundred and forty-six cases, for admission of which application has been made in the above period, one hundred and forty-three have been females, and only one hundred and three

males. There is, however, good reason for believing that this disparity in the applications does not prove any actual increase of insanity amongst females in Western Canada; for it is found that not less than one-half of those sent have been insane for a considerable time; in some instances the disease has been of many years' duration, and in a majority it has been over one year.

On the other hand, it is found that in the males admitted the duration of the disease has been much shorter, and that the type is generally more favorable. It is to be regretted that, from the ignorance of the friends of the insane on the subject of insanity, and the true character and purpose of lunatic asylums, they have deferred transmitting patients in the early period of the disease. Women being more easily controlled and much less offensive to the public than men, in a state of insanity, have been kept at home, until, from their destitute condition, the death of friends, or the final exhaustion of their overtaxed sympathies, further delay has been impracticable. What may be the extent of the arrearage in this sex, now outstanding, it is difficult to conjecture. Over forty applications for admission of females into the asylum now await advice of vacancies. The house is much overcrowded, in both the male and female divisions, having at present one hundred and eighty-two of the former sex, and one hundred and eighty-eight of the latter, as its insane inmates. The Legislature has made an appropriation for the commencement of an extension of the building, by the erection of its wings; on the completion of which, its capacity of accommodation will be somewhat greater than that of the State Asylum at Utica. The structure of the building, being on the plan of associated dormitories, varying in capacity from sixteen to five beds each, a much larger number of patients have been introduced than could possibly be lodged under the arrangement of separate single-bed apartments. It is expected that the provincial government will soon be in a position to convert the military barracks, in London, into a provisional asylum, for the accommodation of the insane of that rapidly growing portion of the western province. It is very gratifying to know that our provincial authorities have begun to manifest a very deep interest in the cause of insanity, much of which, there is good reason to believe, is ascribable to the humane influence of the present Governor, Sir Edmund Head. Perhaps one of the greatest blessings which could have been conferred on the insane of Western Canada has been the opening, under his Excellency's auspices, of a separate asylum for criminal lunatics, at Kingston, to which the patients of that class, formerly confined in the asylums at Quebec and Toronto, have been transferred.

The funds available for the erection and maintenance of lunatic asylums in Western Canada are derived from a general tax on property, levied by the various municipalities, and paid over to the Receiver General of the province. This tax does not, probably, fall much short of one hundred and eighty thousand dollars per annum ; but, unfortunately, though levied under the name of "Lunatic Asylum Tax," and believed by the payers to be wholly applied to the benefit of the insane, it has been largely drawn upon for other, and very different, though very commendable purposes. It would be well, however, to call things by their right names, and not to make the burthen of the support of the victims of so dire a calamity as insanity appear greater than it really is.

J.

ARTICLE V.

INSANITY AND IDIOCY IN MASSACHUSETTS.*

This Report, of the value of which our readers were somewhat apprised in the last number of this Journal, was directed by the Legislature of Massachusetts in 1854.

The Commission consisted of Hon. Levi Lincoln, Hon. Increase Sumner, and Edward Jarvis, M. D.; but the two former do the latter the justice to say, "that the very extensive correspondence with professional gentlemen, in this country and Europe, which elicited many of the facts, and much of the important and instructive information contained in this Report, was exclusively conducted by him. He directed and superintended, also, the preparation of the numerous tabular statements and illustrations which are herewith presented, and the draft of the Report is from his pen."

The committee was directed :

1. To ascertain the number and condition of the insane in the state, distinguishing, as accurately as may be, between the insane, properly so considered, and the idiotic or *non compos*, between the furious and the harmless, curable and incurable, and between the native and the foreigner, and the number of each who are state paupers.

* Report on Insanity and Idiocy in Massachusetts, by the Commission on Lunacy, under resolve of the Legislature of 1854. 8vo, pp. 202. Boston, 1855.

2. To examine into the present condition of the hospitals of the state for the insane, and see what number of patients can properly, with due regard to their comfort and improvement, be accommodated in said hospitals.

3. To see what further accommodations, if any, are needed for the relief and care of the insane.

4. And, generally, to examine and report the best and most approved plans for the management of the insane, so far as the size and character of hospitals, and the number of patients proper to be under one supervision, are concerned.

5. To examine into the present condition of the State Lunatic Hospital at Worcester, and ascertain what kind and amount of repairs are needed, and at what probable cost, and consider the expediency of disposing of the said hospital and the lands connected therewith, or any part thereof, and of recommending a site for the erection of a new hospital or hospitals.

6. To report the estimated proceeds of the sale of the present hospital, and the grounds therewith connected, at Worcester, if they deem such a sale desirable.

7. To accompany their report with plans, specifications and estimates of cost of any new hospital which they may recommend.

I. STATISTICS.—In 1848, a committee appointed by the Legislature, “to consider the whole subject connected with insanity within the commonwealth,” ascertained and reported the number of insane in this state to be fifteen hundred and twelve, of whom two hundred and ninety-one were able to furnish the means of their own support, and eleven hundred and fifty-six were unable to do so, and the pecuniary condition of sixty-five was not ascertained.

The marshals engaged in taking the national census in 1850 discovered and reported sixteen hundred and eighty lunatics and seven hundred and ninety-one idiots, being a total of two thousand four hundred and seventy-one of both classes.

In making the present enumeration the Commissioners established a very extensive correspondence. They addressed (on this and other subjects of their inquiry)—

Physicians within the state.....	1,556
Clergymen	20
Overseers of the poor.....	74
Selectmen.....	4
Other gentlemen.....	5

Superintendents of hospitals and private establishments in the state	6
Masters of county receptacles, houses of correction, jails, state alms-houses	11
Superintendents of hospitals in other states	14
	<hr/>
	1,690
Personal inquiry made of other masters of houses of correction and jailers	12
	<hr/>
Total	1,702

It was ascertained that two hundred and thirty-seven of these physicians (taken from the catalogues of the county societies) were either dead or not in practice, had removed or were unreliable. Of the remaining thirteen hundred and nineteen, all, except four, made reports, directly or indirectly, to the Commission. "Most of them reported singly, but in many towns two or more acted in concert and sent their facts in one letter, and through one of their number.

"Two regular physicians only refused to make any report, and two irregular practitioners have neglected to make returns; but the fields of observation of all these were very carefully examined by their more willing or more intelligent neighbors, and extraordinary pains were taken to obtain collateral information from the overseers of the poor and other municipal authorities; and thus their towns were thoroughly examined, and every lunatic and idiot within their borders is presumed to be returned."

All clergymen written to, except four, who had removed, made answer; as also did nearly all the overseers of the poor addressed.

"In this survey the Commission placed their first and almost exclusive reliance on the physicians in the towns where they lived, and on the clergymen and overseers of the poor; but wherever there was any apparent deficiency, they sought information from other sources. After the medical returns had been made and the survey completed, the number of pauper idiots and lunatics thus received was compared with the state report relating to the poor, published by the Secretary of State, and including the number of idiots and insane returned by the overseers of the poor as relieved or supported within the year, and it was found that in forty-five towns the numbers in the overseers' report exceeded those in the medical returns. A new correspondence was then opened with these public functionaries, and resulted in the proof that, with the exception of four or five towns, the physicians had

reported all the pauper insane and idiots that existed at the moment when they made their returns.

“Notwithstanding the ready co-operation of a large part of the medical profession, and the efficient aid rendered from others, yet it was necessary to write again and again to many, and to visit and confer with and persuade others, in various parts of the state, so that the returns were not all received until the end of December.”

We make these quotations to show the difficulty that must always attend an attempt to obtain a perfect enumeration, particularly of the insane.

It was ascertained by these means, that there were, in the autumn of 1854, in the state of Massachusetts, two thousand six hundred and thirty-two lunatics and ten hundred and eighty-seven idiots—making a total of three thousand seven hundred and nineteen of these persons who need the care and protection of their friends or of the public for their support, restoration or custody.

Of the Lunatics,

1,522 were paupers—693 state and 829 town paupers.
1,110 were supported by their own property or by their friends.
———2,632

2,007 were natives.
625 were foreigners.
———2,632

435 were curable.
2,018 were incurable.
179 not stated.
———2,632

1,284 were at their homes or in town or city poor-houses.
1,141 were in hospitals.
207 were in receptacles for the insane, in houses of correction, jails and state alms-houses.
———2,632

Of the Idiots,

670 are supported by friends.	1,043 are natives.
417 are supported by public treasury.	44 are foreigners.
———1,087	———1,087

PROPORTION.—In order to show the ratio of lunatics and idiots to the existing population, the Commissioners caused the population of each town and county to be determined by logarithmic calculation, a calculation based on the census of 1840 and that of 1850. From these a ratio of increase is determined, which is supposed to continue the same from 1850 to 1854.

We copy a table, to show some of the results :

RATIO OF LUNATICS AND IDIOTS TO POPULATION.

COUNTIES.	Calculated Population.	NUMBER.			RATIO TO POPULATION.		
		Lunatics.	Idiots.	Both.	Lunatics— one in	Idiots— one in	Both— one in
Berkshire . . .	53,123	119	74	193	446	717	275
Franklin . . .	31,735	84	54	138	377	587	229
Hampshire . . .	37,872	94	47	141	402	805	268
Hampden . . .	58,208	105	38	143	554	1,531	407
Worcester . . .	148,421	351	225	576	422	659	258
Middlesex . . .	190,462	357	135	492	533	1,410	387
Essex	149,486	377	126	503	396	1,186	297
Suffolk	170,351	458	20	478	371	8,517	356
Norfolk	92,400	241	75	316	383	1,232	292
Bristol	83,741	158	102	260	530	820	322
Plymouth	59,416	139	71	210	427	836	282
Barnstable	36,427	78	72	150	467	505	242
Nantucket	8,238	12	12	24	686	686	343
Dukes	4,796	19	11	30	252	436	159
State Almshouses	..	40	25	65	..	..	..
MASSACHUSETTS	1,124,676	2,632	1,087	3,719	427	1,034	302

or one lunatic to every 427, and one idiot among every 1,034, or one of either class among every 302 of the people of Massachusetts.

Besides this, there are ample tabular returns of the lunatics and idiots in each town. Another table gives us the return of *lunatics* as to sex, condition and prospects; the physicians and other reporters having been requested to state, in respect to each patient, whether he was mild, manageable, excitable, furious or dangerous. These are condensed, in this table, into three classes, with the following results :

Males	1,254	
Females	1,378	
	—	2,632
Mild and manageable	1,238	
Troublesome and excitable	1,067	
Furious and dangerous	263	
Not stated	64	
	—	2,632
Curable	435	
Incurable	2,018	
Not stated	179	
	—	2,632
Subjects for hospitals	1,713	

This list, it must be understood, includes both those at home and those who are in hospitals, receptacles, houses of correction, jails, and town or state alms-houses; also the independent, and the native and foreign insane.

Of the *independent* lunatics, (or those supported by their own property, or by their friends,) viz, 1,110, three hundred and eighty-seven are in hospitals, seven in prisons, or in receptacles connected with them, and seven hundred and sixteen are at home.

Of the pauper lunatics (1,520) nine hundred and fifty-four are in hospitals, or places for healing and custody, and five hundred and sixty-eight at home, or in alms-houses.

The state paupers, including both lunatics and idiots, amount to seven hundred and thirty-seven—six hundred and ninety-three of the former and forty-four of the latter. Of these almost four-fifths, or 573, are foreigners, and only 164 are natives.

“The preponderance of maniacal defects and disease, as between the independent and the pauper, is unquestionably shown by the comparison of the lunatics and idiots in each class. The whole number of permanent and temporary paupers who were supported from the public treasury in Massachusetts was 23,125. At the same time the calculated population of the state was 1,124,675, of whom 1,102,551 were independent and self-supporting. These are in the ratio of one to forty-seven, whereas the lunatics are in ratio of 72.9 independent to 100 paupers. Comparing these ratios, we find that the pauper class furnishes, in ratio of its numbers, sixty-four times as many cases of insanity as the independent class.

“A similar law of distribution prevails in England and Wales. The pauper lunatics are stated to be 16,821; those of the independent classes amount to somewhat over 8,000; making the ratio about two to one.”

The connection of pauperism with insanity is very clearly expounded by the Commissioners. The derangement of domestic affairs, the tendency to intemperance, the difficulty of guarding from injury, or from increased disease, are fully stated.

Among the paupers *eighty-six per cent.* are shown to be incurable, while among those of the independent class, a smaller proportion (seventy-five per cent.) are returned as beyond hope of restoration.

Next as to native and foreign lunatics. Of the latter (625) ninety-three per cent. are paupers. Of the natives who are dependent the proportion is much smaller, being fifty-seven per cent. of all.

Of the six hundred and eighteen foreigners, there were one hundred and twelve whose cases presented a hope of restoration, and five hundred and six probably incurable. Of the eighteen hundred and

thirty-five of native birth, three hundred and twenty-three were curable, and fifteen hundred and twelve incurable.

A large number of the foreign lunatics, as might be naturally expected, were found to be in some institutions for their restoration or protection.

The following was the disposition of six hundred and twenty-five :

Worcester Hospital.....	133
Taunton Hospital.....	107
Boston Hospital.....	184
McLean Hospital.....	8
Ipswich Receptacle.....	45
Cambridge Receptacle.....	47
Concord Jail.....	1
Boston Jail.....	1
Boston House of Correction.....	3
Dedham House of Correction.....	1
New Bedford House of Correction.....	3
Bridgewater State Alms-house.....	14
Monson State Alms-house.....	3
Tewksbury State Alms-house.....	14
At home—Paupers.....	29
At home—Independent.....	28
State Prison.....	2
Brattleboro' Hospital.....	2
	<hr/>
	625

Among the native lunatics, only 35.4 per cent. of the independent class, and 42.7 per cent. of the paupers, being 38.8 per cent. in all, were in these establishments; and only 35 per cent. of the whole were in the curative hospitals.

The prospects of the insane, in reference to curability and incurability, from the enumeration of the Commission, may be thus tabulated :

LUNATICS AT HOME.		LUNATICS IN HOSPITALS.	
<i>Native.</i>		<i>Native.</i>	
Curable	181	Curable	142
Incurable.....	885	Incurable.....	627
Not stated.....	161	Not stated.....	11
	— 1227		— 780
<i>Foreign.</i>		<i>Foreign.</i>	
Curable	24	Curable	88
Incurable.....	29	Incurable.....	477
Not stated.....	4	Not stated.....	3
	— 57		— 568
	<hr/>		<hr/>
	1284		1348

Lastly, as to **SEX**. Besides what has been already stated, we may add, that there were, in proportion to the whole calculated population of their respective sexes, one male lunatic in four hundred and forty-two, and one female lunatic in four hundred and thirteen, being a small excess of the latter.

There is a marked difference, however, in the sexes among the foreigners; their numbers being, males, two hundred and seventy-eight, females three hundred and forty-seven, in a total of six hundred and twenty-five.

IDIOTS.—The enumeration of these, it is premised, was made in accordance with the resolution of the Legislature, and its value is chiefly to supply statistical information. Care was especially taken, as in the inquiries to medical men and others, to insist upon the distinction between *demented* and *idiot*. “An idiot is one who was originally destitute of mind, or in whom the mental faculties have not been developed. Those who have once had the use of their mental faculties, but have lost them through the process of disease, are not idiots, but *demented*—deprived of mind, which had been once enjoyed. This is a very common result of insanity; and a large portion of lunatics, whose disease is protracted, and some in the earlier stages of their malady, fall into this condition; then they present similar manifestations to those of idiots, and by many are classed among them.” It was, however, endeavored to guard against this in the present census. The following table exhibits the sex and ages of the 1,087 idiots:

IDIOTS OF ALL NATIONS.

COUNTIES.	Male.	Female.	Under Sixteen.	Sixteen and over.	Not stated.	Subject for Hosp.
Berkshire	39	35	14	60	..	9
Franklin	27	27	11	41	2	1
Hampshire	28	19	5	40	2	4
Hampden	28	10	14	23	1	1
Worcester	116	109	55	159	11	9
Middlesex	85	50	32	101	2	4
Essex	79	47	21	97	8	10
Suffolk	14	6	14	6	..	2
Norfolk	43	32	29	42	4	4
Bristol	65	37	25	75	2	9
Plymouth	37	34	12	58	1	6
Barnstable	38	34	11	61	..	2
Nantucket	2	10	2	10	..	..
Dukes	8	3	..	11	..	..
State Alms-houses	13	12	9	15	1	..
Totals	622	465	254	799	34	61

"If they belong to independent families, the idiots are usually kept at home; and if paupers, in the alms-houses. Sixty-one of these are violent and dangerous, and need the confinement and guardianship of a hospital, for the public security at least."

Sixty-one per cent. of idiots, and forty-two per cent. of lunatics, are supported by their friends, or from their own estates. Of the forty-four idiots born in foreign lands, twenty were of the independent class, and only twenty-four were paupers. Again, of these last, fourteen were over sixteen years of age.

The two hundred and fifty-four given in the preceding table as under sixteen years of age, "are presumed capable of improvement by the training now offered by the state in the Idiot School, and are proper candidates for that institution. It is not to be assumed that those who are over this age have passed the period of improvement, but that unless the means of educating have been applied in the earlier years, they become of little avail afterwards; and therefore the Massachusetts School very properly limits its candidates to those within the age above specified."

Nine colored lunatics and ten colored idiots were found within the state.

After these statistical data, which we have endeavored faithfully to analyze, the Commissioners proceed with the following remarks, which we select in their own words:

"It has already been stated that insanity, if not cured in its early stages, becomes more and more difficult to be removed, and in course of a longer or shorter period, varying mostly from two to five years, becomes fixed and incurable. Then the patient is to be supported for life. On the other hand, if the disease be submitted to proper remedial measures, three-fourths or nine-tenths may be restored, and this proportion of the patients made again self-supporting members of society.

"The time required for the cure of different patients, in different forms or degrees of disease, varies from a few months in most cases to a few years in extreme cases.

"The question, then, in regard to the curable cases, which constitutes three-fourths or nine-tenths of all when attacked, is between the effort and the expenditure needed for their support and the restorative means during the healing process through a few months, or their support during their lives. Between the cost of supporting for a few months and that of supporting for life, no private economist, and certainly no political economist or statesman, should hesitate.

"The cost of restoring a lunatic to health, and enjoyment, and power of self-sustenance, and of contributing to the support of his family, and also to bearing his part of the burden of the state, is limited, and easily paid in money; the gain is unmeasured. But the cost of life-long lunacy, distressing and oppressive to the friends who have the patient in charge, is immeasurable, and not to be paid in money.

“Humanity would admit of no choice between these; and the state, which is the guardian of the weak and the friendless, should surely not entertain a moment’s doubt as to which it should choose.”

“In this matter the commonwealth and its cities and towns have more than a general interest; and this, if not immediate and visible, is sure and unavoidable. Insanity arrests production; the lunatic ceases to be a self-supporter, and is thrown upon his own estate, or upon his friends, or upon the public for sustenance. For the town or the state is the responsible indorser for every man who becomes insane, to pay the expenses of his sickness, however long it may be; and if the friends fail of this payment in any stage of the malady, the general treasury necessarily assumes and bears the remaining responsibility.

“This liability of the state and towns to be called upon to support the insane is very great. It is precisely in proportion to the number of people who are living without capital upon their daily or yearly income, or whose property may become exhausted by life-enduring insanity. It has been found to be a most expensive responsibility for the towns and the state. Within the last year they supported nine hundred and twenty-five insane and idiotic persons, who would have supported themselves if their diseased or defective minds had not deprived them of the power to do so.”

“The management of the insane presents a wider and richer field for the same foresight, the same liberal economy that spends a little now to save much in the future. Taking the cost of maintaining those who are in hospitals, receptacles, &c., at the average price, \$2.08 per week, paid by the town or state for them, and supposing the expense of supporting the others in the poor-houses and at home to be no more than the average cost of supporting all the other paupers in the various alms-houses in the cities and towns, \$1.48 per week, the whole cost of insane pauperism—that is, of supporting the fifteen hundred and twenty-two pauper lunatics in Massachusetts—is more than one hundred and forty-six thousand dollars (\$146,897) a year.

“It is, then, worth the consideration of the Legislature to see whether some action may not be taken to prevent the constant accession of paupers from this cause, by requiring the towns to take early measures for the cure of their pauper lunatics who are curable, and also of all others who, though independent, yet, by reason of their lunacy, are likely to become chargeable to the public treasury.”

“Although there are two thousand six hundred and thirty-two lunatics in the state, it is not to be supposed that all of these need to be removed from their homes, or can derive any benefit from the curative or custodial means offered in the hospitals or elsewhere. Many of them have not only been so long deranged as to be past restoration, but they are mild and harmless, and can be kept as well at their homes or in the town poor-house as in a public institution. These constitute about nine hundred, for whom nothing more is required.

“But there are one thousand seven hundred and thirteen reported by the physicians who should enjoy the advantages of a hospital, either for their healing or for their protection, or for the safety of the public.

"These include all the recent cases which present any prospect of restoration, and are deemed curable, or at least not incurable, and also all the violent and furious cases, and most of the excitable and troublesome lunatics. They include even some of the mild but incurable cases whose disposition to wander and become vagabonds makes them, if not dangerous, at least troublesome, and sources of anxiety to their friends, and renders more strict guardianship necessary than would be obtained at home. To these one thousand seven hundred and thirteen lunatics there should be added the sixty-one violent and dangerous idiots who need the same restraints, making one thousand seven hundred and seventy-four for whom the accommodations or the restoring powers of a hospital should be provided."

We come to the answers to the second question proposed by the Legislature, viz. :

II. THE EXAMINATION OF HOSPITALS AND PRISONS.—"In obedience to the requirements of the Legislature, the Commission examined every public establishment within the commonwealth where the insane are or may be confined under the sanction of the law, including the four lunatic hospitals, the receptacles for the insane, the houses of correction, all the jails except that at Provincetown, the state prisons and the state alms-houses, and also two private establishments where the insane are received and treated. The Commission visited some and corresponded with all the hospitals in the other northern and middle states where it is supposed that any lunatics belonging to Massachusetts might be.

"The following table shows the number of Massachusetts patients in each of these hospitals :"

LUNATICS BELONGING TO MASSACHUSETTS IN HOSPITALS.

HOSPITALS.	SEX.		NATIVE.			FOREIGN.			ALL NATIONS.		
	Male.	Female.	Curable.	Incurable.	Total.	Curable.	Incurable.	Total.	Curable.	Incurable.	Total.
Worcester	175	189	27	204	231	28	105	133	55	309	364
Taunton	118	134	32	113	145	35	72	107	67	185	252
Boston	107	155	9	67	76	14	172	186	23	239	262
McLean	70	83	39	106	145	2	6	8	41	112	153
Pepperell	6	13	8	11	19	..	..	..	8	11	19
Brattleboro', Vt.	33	21	1	51	52	..	2	2	1	53	54
Providence, R. I.	7	18	7	18	25	..	..	..	7	18	25
Hartford, Ct.	3	3	3	3	6	..	..	..	3	3	6
Concord, N. H.	1	3	..	4	4	..	..	..	..	4	4
Augusta, Me.	2	..	1	1	2	..	..	..	1	1	2
Totals	522	619	127	578	705	79	357	436	206	935	1141

“**HOSPITAL AT WORCESTER.**—The hospital at Worcester has accommodations for three hundred and twenty-seven patients, besides the solitary and strong rooms, or cells, which are designed for an occasional, and not a permanent use; but when the house is crowded, as it is now, and as it has been excessively for several years, the officers feel compelled to make constant use of some or all of these strong-rooms. Although this institution contains now three hundred and sixty-four, and did contain five hundred and sixty-seven, previous to the opening of the hospital at Taunton, yet, regarding the best good of the patients, three hundred and twenty-seven is the utmost that can be received.

“This hospital was planned and the greater part built before most of the modern improvements were made in institutions for the insane, and the subsequent additions have been built in style and form corresponding to the original structure.

“**HOSPITAL AT TAUNTON.**—The hospital at Taunton was finished in the spring of 1854; and the trustees, on receiving it from the hands of the building commission, immediately altered the structure by removing the solitary strong-rooms, and adding others more advantageous to the purposes of the institution. In other respects the hospital would be improved and rendered more available by alteration and arrangement according to the modern improvements; yet such changes would be very difficult and costly, and therefore inexpedient at the present time.

“This hospital was intended for two hundred and fifty patients; but the pressure for admission has compelled it to receive two hundred and fifty-six.

“**HOSPITAL AT BOSTON.**—The hospital at South Boston was built in conformity with the law of 1836, requiring the counties to provide apartments in the houses of correction for the idiots and insane not furiously mad, and in accordance with some other legislation for this especial purpose. It is placed between the House of Correction and House of Industry, with a very limited extent of grounds, insufficient for the purposes of the establishment, and affording little or no room or opportunity for labor or recreation abroad.

“The house is crowded, having two hundred and sixty-seven patients, with only rooms for two hundred, and no spare rooms for work-shops or gatherings of the patients for any other purpose.

“In view of this crowded state of the establishment, the city government is agitating the question of building a new hospital on a more ample and commodious site, where all the accommodations and conveniences for the patients may be offered to them.

“**MCLEAN ASYLUM.**—The McLean Asylum was projected before the construction of lunatic hospitals had attracted much attention, and it has grown by the addition of parts from time to time, until it has arrived at its present capacity. The form and condition of the site, and local circumstances, have been necessarily regarded in the arrangements of the several wings and parts of the establishment, so that the form and construction of the building, as it is now, are very different from what they would be were it planned and built according to the ideas of

the present time. It is built on a peninsula, where their grounds must be limited, and therefore cannot be made so useful to the establishment and to the patients who reside there as is desirable. Nevertheless, with its abundant and appropriate provisions for the residence and management of the patients, and with the various convenient and graceful means of occupation and amusement, it affords an excellent and desirable home for two hundred patients; and to this its numbers are limited.

"This institution is open to all patients whose friends may apply for their admission, and can afford to pay the necessary cost. Its high character and reputation for successful management through forty years, and its elegant accommodations, render it especially attractive to the wealthy, and draw many from abroad. There were forty-seven patients from other states.

"There are private establishments at Pepperell and Dorchester. These can accommodate about forty patients, and have now twenty-five belonging to Massachusetts. These are all the hospitals within this state. The following table shows the proper accommodations in each, and the number of Massachusetts patients now resident in them:

HOSPITAL ACCOMMODATIONS AND MASSACHUSETTS PATIENTS
RESIDENT.

HOSPITALS.	Accommodations for	Massachusetts Patients resident.
Worcester	327	364
Taunton	250	256
McLean	200	153
Boston	200	267
Pepperell, &c.	40	19
Totals	1,017	1,059

"All our own public institutions are more than full. That at Worcester has thirty-seven, that at Taunton six, and that at Boston sixty-seven more than they can well accommodate. The officers of the McLean Asylum, for want of room, reject a large number of those who ask for admission; but the state hospitals and that at Boston are obliged to receive all that are sent to them through the courts, who supply them with the great majority of their patients.

"LUNATIC RECEPTACLES CONNECTED WITH HOUSES OF CORRECTION.—The law of 1836 (Supplement to Revised Statutes, page 4, chapter 223) requires:

"Sect. 1. 'That there shall be within the precincts of the House of Correction, in each county in this commonwealth, a suitable and convenient apartment or receptacle for idiots and lunatics or insane persons not furiously mad, to be confined therein, as hereinafter provided.

"Sect. 2. 'When it shall be made to appear, on application made in writing to any two justices of the peace, one of whom shall be of the quorum, or any police court, that any person being within the jurisdiction of such justices or courts is an idiot or lunatic not furiously mad, the said justices or courts are hereby authorized to order the confinement of such persons in the receptacle provided for the purpose.'

"Only three counties, Suffolk, Middlesex and Essex, have complied with the requirements of this law and made this provision for their insane.

"The Boston Hospital, already described, meets the condition of this law.

"IPSWICH RECEPTACLE.—The receptacle for lunatics at Ipswich is connected with the House of Correction, and under the same roof; yet it is entirely separated from the prison by the centre building, which contains the dwelling of the superintendent and family, the offices connected with the establishment, and by the kitchen and eating-room for the patients. A closed brick wall, also, prevents all access from one to the other. The yards are at the opposite ends of the building; that of the prison is surrounded by a high brick wall, and that of the lunatics by a high fence, so that no communication can take place between them.

"The lunatic department is a single wing, three stories high, besides the basement.

"The internal arrangements of the several stories are similar to those usually found in the wings of lunatic hospitals. There is a hall in each, sixty-three feet long, twelve feet wide, and ten feet high, running the entire length, with lodging-rooms on each side. These rooms are ten feet long and six feet wide, and of the same height as the hall. There is a large window at the end of each hall, and a smaller one in each lodging-room, all with iron sashes, and glazed with 7 by 9 glass.

"The doors are all thick and heavy, and fastened with strong locks.

"Besides these rooms, there are several strong rooms or cells in the basement story for the excited and furious patients. These have grated windows, like those of a prison, and some of them are provided with strong shutters, to prevent the violent inmates from breaking the glass, and to furnish more effectual security against any attempts to escape. There are also very heavy doors, which are secured with bolts and locks, to resist the destructive efforts of the furious.

"Besides these means of security there are provided hand-straps, mittens, muffs, &c., to restrain those who need them; and these are occasionally used.

"There are eighteen rooms in each story, and also bathing-rooms and water-closets sufficient for each sex in the building.

"The whole is warmed by hot-air furnaces in the basement, and imperfectly ventilated by Emerson's apparatus. There is an aperture for the passage of air from the lodging-rooms to the halls, and the air-ducts open from the halls to the ventilators.

"There are yards or airing-courts for the patients contiguous to the building, and also several acres of land connected with the establishment, on which some of the men work in the summer. Some of the women are employed in the kitchen and in doing some of the other work about the establishment.

"There were forty-nine male patients in two of these halls, and nineteen females in the other.

"As there were only thirty-six lodging-rooms in the male wards, and two of these were occupied by the attendants, it was necessary that fifteen of these rooms, only six feet by ten, should receive two lodgers each; and in the female ward it was necessary that two rooms should do the same.

"Throughout the whole establishment neatness and order prevail.

"There were three attendants to take the charge of those sixty-eight patients, one in each hall.

"All these patients were orderly and quiet at the time of visitation. Although the whole forty-nine male patients were then crowded into one hall, on account of the temporary cleaning of the other, yet there was no disorder, no apparent discontent. They were mostly old cases, and demented. Yet there were some whose diseases were not of very long standing, and were probably susceptible of restoration under proper remedial influences.

"EAST CAMBRIDGE RECEPTACLE.—The county commissioners of Middlesex have provided apartments at East Cambridge for their lunatics within the precincts of, and connected with, the House of Correction. The whole establishment consists of the jail, the house of correction proper, the work-shop, the kitchen, the store-house, and the receptacles for the insane, which are all in and around the small yard or open ground in several separate buildings. The convicts march across this yard between their prison-house and the work-shop several times a day.

"There are two houses for the insane, one for each sex, both thirty feet by forty. They are on opposite sides of the yard, and unconnected with the other buildings of the establishment. The house for the males is two stories high, and that for the females is three stories. In each of these stories there is a middle hall, about eight feet wide, running through the whole length of the building, with rooms for sleeping on each side. There are seventeen of these small lodging-rooms in the house for males, and twenty-six in that for females. The attics are also occupied as dormitories.

"These buildings are heated by steam, and ventilated by a system depending on the movement of the external air. The warmth was satisfactory; but in the main building the means of ventilation were 'insufficient to prevent disagreeable smells pervading the whole building.'*

"There is an airing-court connected with the females' building, about sixty feet in length and forty in width, surrounded by a high wall. A smaller airing-court is connected with the males' building, and similarly guarded against the escape of the inmates.

"The building for females is near to the street, and they are subject to the observation of, and conversation with, the passers by; and the noise of the patients, especially of the excited ones, can be heard abroad.

"Both of these buildings are very much crowded. In two halls, forty feet by eight or ten, there were thirty-five male patients during

* Letter to the Commission from Hon. John S. Keyes, Sheriff of Middlesex.

the day, and at night they were as uncomfortably situated. Twelve of them sleep in the attic, 'which is lighted by a single window in each end, and high enough to stand upright in the middle, and sloping to the eaves,'* the beds being under the low roof, with no supply of air. The other twenty-one occupy the few small sleeping-rooms below, and in many of them two were obliged to sleep. 'The basement story or cellar is used for an eating-room.'*

"The building occupied by females, having three stories, has more room, yet not enough for the thirty-five patients. Six of these occupy the attic, and the other twenty-nine sleep in the small bed-rooms arranged on the sides of the halls in the other stories.

"This establishment is under the charge of the master of the House of Correction, who has the superintendence of a very large number of convicts, with all the responsibility of their security, labor and board, and has therefore as much to do in the management of the affairs and inmates of the prison as should be required of one officer. He, of course, must delegate the care of the insane to an under officer, or principal attendant for each sex. Such persons, male and female, are employed to oversee each building and the inmates, but all their assistants are convicts. Most of these assistant attendants were sent to the House of Correction for intemperance, and probably are selected as the best in the whole convict population of the prison for the care of lunatics.

"Except walking in these small yards, there is no opportunity of obtaining any exercise in the open air in the mild and clear weather, and none at all when storms or cold prevent their going abroad. Within the house there are no means of employment or occupation, labor or amusement. The patients have nothing to do but lounge listlessly about the yard without or in the halls within the house.

"This receptacle is provided with the means of restraining and confining the excited and furious in strong-rooms and with mittens, straps, &c. Most of the patients, of both sexes, are natives of other countries, and incurable. About half are mild and harmless—'not furiously mad,' as described in the law. Nearly as many are excitable and troublesome; some are turbulent, some furious, and some very noisy.

"In the female building one patient was vociferating so loudly that she was heard in the street, and was offensive to the people who were passing by.

"**HOUSES OF CORRECTION AND JAILS.**—The Commission visited and examined all the other houses of correction and all the jails in the state, excepting that at Provincetown, and ascertained the extent and the kind of accommodations which were provided in them for the idiots and insane not furiously mad, in conformity with the law of 1836.

"**LENOX PRISON.**—In Lenox, the Jail and House of Correction were in one building—a prison of the modern form, one within another, with ranges of small cells side by side for the convicts. But there is another apartment, about twelve or fifteen feet square, with a range of cells on one side opening into it. These cells are small, like those in the principal prison, and made strong, with iron doors and all the means of security from escape.

* Mr. Sheriff Keyes' Letter.

"Until recently, there have been three lunatics confined in these cells for about twelve or fifteen years. They were separated from the convicts, no others being confined in these cells or in this room. They had no means of exercise, no occupation, and were always retained in their cells, except that one at a time, when peaceable, was allowed to be in the larger room, but they went no farther.

"These three lunatics have recently been removed to the hospital at Worcester.

"These cells were not originally prepared for the lunatics, but for debtors and for female prisoners.

"There were no lunatics there at the time of the visit.

"**SPRINGFIELD PRISON.**—This single prison includes both the House of Correction and the Jail for Hampden county. This is arranged in the modern form, one prison within another, with the galleries and small cells side by side contiguously, and no other room or place for confinement or lodgment of those committed to this establishment.

"There is no work-shop; but the area in front of the cells and between the inner prison and the outer walls is appropriated for this purpose. There were no lunatics in the prison at the time of the visit, nor had there been any since the present master of the house commenced his administration.

"But if any one should be committed to this prison, he must be confined in one of these stone-walled, iron-grated cells, by the side of those containing convicts, during the night when they are not at work, and he must be before them, and can see them at any time, while they are at work during the day.

"**NORTHAMPTON PRISON.**—This is a new, spacious establishment, including both Jail and House of Correction under one roof. The whole is built on the latest improved plan. On one side of the inner prison are galleries running in front of ranges of small cells for close confinement. This is called the House of Correction, and is appropriated for the convicts. On the other side are ranges of larger rooms, ten or eleven feet square, but equally strong, with stone walls and iron-grated doors. This is called the Jail, and is used to confine those who are accused of crime, but not yet tried or sentenced.

"There is no special provision made for lunatics, and no place to keep them, except in the rooms provided for the accused or the convicted prisoner.

"There were no lunatics at this house of correction at the time of the visit, but there had recently been four committed to its charge. One was found in the streets at Ware, noisy and troublesome. He was supposed to be a recent case, although his history could not be ascertained. After a detention of four months, becoming very difficult to be managed, this patient was removed to Worcester. Another, who was sent there for similar reasons by the magistrates, was afterwards also sent to Worcester. Both of these were supposed to be dangerous to the public peace and safety, and were confined in the House of Correction for the public security, and not for their own good.

"**GREENFIELD JAIL.**—This is a small building of the old fashion, with a few stone rooms sufficiently large, but dark, cold and cheerless.

This is the Jail exclusively. There being no house of correction in Franklin county, an arrangement is made with the authorities of Hampshire to receive into the prison at Northampton such convicts as should in their county be sentenced to confinement and labor.

"There are no suitable apartments provided for lunatics; and if they are sent to the House of Correction by the justices or other authorities, they must be in this common jail, or sent to the House of Correction at Northampton.

"There are now no lunatics confined in this prison, and there has been but one since the present jailer has had charge of it. There was a female lunatic within the year, confined for some months, awaiting trial on the charge of homicide. She was acquitted on the ground of insanity, and sent to the State Hospital at Worcester.

"**WORCESTER PRISON.**—The House of Correction at Worcester is of the modern form, with galleries and ranges of cells, but with no especial accommodation for the insane. There are none now in this prison; but some months ago, and for some time previously, nine lunatics were confined there. Having no other place for them, the lower range of cells on one side of the prison was given up to them.

"**CONCORD JAIL.**—This is a heavy stone building of the old form, with large and separated rooms, all with stone floors, heavily grated windows and very strong doors. Here are two lunatics confined, and have been for eighteen years. They occupy the lower rooms in the building; and one of them, on account of his noisy disposition, was put in a back or inner room, which was formerly the dungeon for the confinement of the most refractory convicts. It is now lighted in some degree, though it is yet the most uncomfortable room in the jail.

"These lunatics are both state paupers. One is colored, and the other is a Swede. Both are usually mild. One has generally been allowed to go about the village at will, and has spent much of his time in day labor, sawing wood, &c., for the people in the vicinity. At other times he is very troublesome; and now for several months he has been very noisy, disturbing the neighborhood with his outcries. The other is 'generally quite harmless, and to some extent useful in and about the jail, attending church regularly, and more foolish' (demented) 'than insane, unless aroused to anger by some provocation.'*

"**LOWELL JAIL.**—This is a small jail, an inner prison, with the galleries and ranges of small contiguous cells, and no other rooms. There are no lunatics confined there, nor have there been any, except for temporary security while waiting to be transferred to Cambridge. But when they are there they are placed in these cells by the side of those occupied by the criminals. During the visit these prisoners were very noisy, talking loudly; the sound of their voices was distinctly heard in the neighboring office of the jailer, and unavoidably reach and disturb the lunatics, if confined with them.

"**LAWRENCE PRISON.**—The Lawrence Prison is new, just completed after the best model of the time. It contains a house of correction and jail in the same building. The cells are large, eight feet square,

* Mr. Keyes' Letter.

arranged along the galleries for the security of criminals, but there are no apartments for the insane. There have as yet been no lunatics admitted here, even for a temporary lodgment.

“NEWBURYPORT JAIL.—This is of the old form, with entries and large rooms to contain one or more prisoners. One lunatic is now confined there, and he has been an inmate of that jail for many years. He is harmless, and allowed to go about the prison and the house at will, and to ride abroad, and makes himself useful to the jailer by carrying food to prisoners, &c. He is a native of Newburyport, and was, until lately, a man of property, but is now supported by the city. His room in the jail, like the others, is guarded with grates, a thick oaken door, and very heavy bolts. Yet the door stands open, and he is free to move abroad. His room is comfortably furnished, and he prefers to stay there. He has been at the hospital in Worcester; but, being incurable, his friends prefer to have him at the jail, where he is contented and very kindly treated, and where they can easily visit him.

“SALEM JAIL.—The Jail at Salem is like that at Newburyport; but it contains no lunatics, nor have any been received there, except, perhaps, for temporary custody while waiting to be transferred to Ipswich.

“BOSTON JAIL.—The new Jail at Boston has no place for the insane in the main part. But in the lock-up there are several rooms in which prisoners under the excitement of delirium tremens, and vagabond or turbulent and troublesome lunatics, are confined while waiting for their friends to come for them, or to be transferred to the hospital at South Boston. These are often found strolling in the streets, or disturbing the peace in some houses, and are brought here by the police for safe keeping and for the adjudication of the courts. For this purpose there was one female lunatic here who was found strolling in the streets in the night. Her room was sufficiently comfortable for her short detention.

“BOSTON HOUSE OF CORRECTION.—In the House of Correction at South Boston there is a very comfortable hospital, where every thing is provided for the criminal patients that their disease can require and their position admit. Here were three insane convicts, who had become deranged since they had been in prison. They are under the immediate charge of Dr. Walker, the Physician of the Lunatic Hospital, and receive all the appropriate treatment they need. Whenever the criminal lunatics can be better treated in the Lunatic Hospital, they are removed to that place, where they enjoy all the advantages that are given to any other patients in that institution.

“DEDHAM PRISON.—This Prison is of the modern form, and embraces both the Jail and House of Correction in one building. The cells are all small and alike along the galleries, and looking into the areas.

“There are no apartments provided for lunatics, no place for them, except in the narrow and strong cells by the side of the criminals.

"There are three lunatics in this prison. One from Dover was committed by the magistrates under the law of 1836. He is boarded here by his friends, from his own substance, for custody. He was clothed in the party-colored garments worn by the convicts of the prison.

"Another, a colored female, more idiotic than lunatic, who set fire to a barn many years ago, being a dangerous person to be at large, has been detained here ever since. She is mild and apparently harmless, but, the jailer thinks, still unsafe to be abroad.

"Another, an Irishman, confined for crime, became insane in prison, and is supposed to be dangerous and unsafe to be at large.

"**TAUNTON JAIL.**—In Taunton the Jail is of the old form, with large and very strong rooms of stone, built to resist violent efforts for escape. There are no lunatics in this prison, nor have there been any, except for temporary lodgment while waiting to be sent to the House of Correction in New Bedford.

"**NEW BEDFORD PRISON.**—In New Bedford the Jail and the House of Correction are in one establishment. There are several buildings around one yard, and are of both the old and modern form, for the confinement of criminals. But there is no especial provision for the insane.

"There were eight lunatics in this prison. One was constantly furious. Another, who had recently been there, could not be clothed. Some were excitable, others were quiet and easily managed. One was a recent and curable case.

"These are confined in various rooms, as seems to be for their advantage and the convenience of the administration of the prison. One was in a cell five feet wide. Some of these are in a room appropriated for a hospital where others were sick.

"This room, like the others, is strong, with grated windows, and thick bolted doors. It was crowded and uncomfortable, and very unfit for the insane. The beds in this hospital were in boxes or bunks, one above another, as in soldiers' barracks.

"The whole aspect of this place was miserable, gloomy and forbidding, especially to persons of diseased mind.

"**PLYMOUTH PRISON.**—In Plymouth the House of Correction and Jail were both in one establishment and one yard, though separate buildings. The Jail is of the old form, with entries and large rooms. The House of Correction is modern, with galleries and small cells within the outer walls.

"There is no provision for the insane, and no place for them, except in the strong and grated rooms of the Jail, or in the narrow cells of the House of Correction.

"One lunatic is confined there. He is a man of property, but violent and dangerous at home and in his own neighborhood; and even here he is very troublesome, and sometimes unmanageable. At the time of the visit he was mild, and at work in the field or garden. His room was in the Jail.

"**BARNSTABLE JAIL.**—The prison in Barnstable is one small building, and is called both House of Correction and Jail. It is of stone, and has

a few large rooms, and no cells, and no proper apartments for the insane.

"There was one lunatic confined in this prison at the time of the visit. He was generally mild and manageable. Yet he was easily disturbed, and might be excited suddenly, and without apparent cause. He was sometimes even furious, and was therefore unsafe to be at large, though unfit to be in prison.

"**NANTUCKET JAIL.**—In Nantucket there is no house of correction, and only a wooden jail. There were four rooms in this building, furnished as comfortably as the dwellings of the laboring poor, and having more the appearance of a private dwelling than a prison. There were no lunatics at the time of the visit, and there had been none confined in the Jail within the memory of the jailer, who has had charge of it for many years.

"**EDGARTOWN JAIL.**—In Edgartown the prison is an extremely small stone building, with four rooms, nine feet square. One end is called the Jail, and the other the House of Correction. There are no rooms for lunatics, nor were any lunatics or any other inmates in this prison.

"**STATE PRISON.**—In the State Prison at Charlestown there is a very comfortable and commodious hospital, with good and airy rooms for the sick, where they can have all the facilities for attention that their cases demand and their condition admits.

"There are three lunatics in this prison, who are mild and at work, their delusions not preventing their attending to the labors required of them under the watchful care of the officers.

"The lunatics in this prison are under the care of the physician of the establishment, and, when occasion calls for it, they are examined by a commission of high character, and, if need be, transferred to one of the state lunatic hospitals.

"The Jail at Provincetown was not examined.

"It appears, then, from these personal examinations and this review, that there are houses of correction in only ten of the fourteen counties, in Essex there are two, and that in the other four counties there are only jails. Besides these there are seven other jails in the counties of Middlesex, Essex, Suffolk, Bristol and Barnstable, making eleven houses of correction and eleven separate jails within this commonwealth, besides the State Prison at Charlestown.

"Except at Boston and Ipswich, there are no suitable apartments provided for the idiots and lunatics not furiously mad, in connection with any of the houses of correction in the state; nor are any provisions whatever made, under the law of 1836, except in Suffolk, Essex and Middlesex. Yet lunatics who are not convicts are found in seven of these prisons, and they have been, or may be, under the law of 1836, confined in any or all of the others, notwithstanding their entire unfitness for such purposes.

LUNATICS IN RECEPTACLES, PRISONS, &c.

	SEX.		NATIVITY.		CONDITION.				Convicts.	Sent from Hospi- tal at Worcester.
	Male.	Female.	Native.	Foreign.	Mild— manageable.	Excitable— troublesome.	Furious— dangerous.	Not stated.		
RECEPTACLES.										
Ipswich	64	22	41	45	22	63	1	..	8	9
Cambridge . . .	28	32	13	47	29	24	5	2	..	7
Totals	92	54	54	92	51	87	6	2	8	16
HOUSES OF CORRECTION.										
Boston	2	1	..	3	..	3	..	..	3	..
Dedham	2	1	2	1	..	1	2	..	2	1
New Bedford . .	3	3	3	3	4	1	1	..	..	3
Plymouth	1	..	1	..	..	..	1	..	..	..
JAILS.										
Concord	2	..	1	1	1	..	1	..	..	2
Newburyport . .	1	..	1	..	1	..	..	..	..	1
Boston	1	..	..	1	..	..	1	..	..	..
Barnstable . . .	1	..	1	..	1	..	..	..	..	..
State Prison . .	3	..	1	2	3	..	..	..	3	..
Jails and Prisons	16	5	10	11	10	5	6	..	8	7
Total of all . .	108	59	64	103	61	92	12	2	16	23

“STATE ALMS-HOUSES.—The Commissioners visited and examined the State Alms-houses at Monson, Tewksbury and Bridgewater, in reference to their means of accommodating the insane, and their fitness for the residence of these patients. These establishments were originally intended exclusively for paupers that were presumed to be sound in mind at least. It was, therefore, no part of the plan of the architect to provide for the insane. In the external and internal arrangements and structure of the buildings there are none of the means or conveniences for them. The houses are principally divided into large wards, capable of accommodating about fifty paupers in each, and are needed for the sane. The large dormitories are also appropriated to the same classes.

“Underneath one of the wings of these houses is a basement story, which is sunk five feet below the surface of the ground. There are four rooms in this subterranean place. One of these rooms has a stove and is made comfortably warm. By the side of this is another room which is used for bathing, and has tubs and a tank, which is usually filled with water, and is sufficiently large for many boys to bathe and even swim in at the same time.

"One of the other two rooms by the side of the warmed room is fitted with cells for the use of the males. The other on the opposite corner from the heated room is fitted with cells for the females. These cells are narrow like those of prisons. They are made strong, with plank partitions. Some of the doors are made of plank bars, and others of iron bars, fixed in heavy bars of wood. They all are secured with heavy prison locks or iron bolts.

"These cells are all dimly and indirectly lighted, and at best are dark and gloomy. There are no means whatever for ventilation, except by opening the windows of the area in front of some of these lock-ups, and at the side of the others. There are no means of warming, except by what heat may chance to pass from the stove-room through the door into the passage way around these cells.

"In the coldest weather of the winter the water was frozen so that it could not be used in the bathing-room, which is by the side of, and is contiguous to, the stove-room. The room which contains the cells for the females is still colder, as it is farther from the fire, and touches only upon the corner of that which is heated.

"These cells were provided for the punishment of the disobedient and refractory paupers, who sometimes need discipline.

"Besides the cells, which are in all these establishments, there are in Monson 'five cells in a building recently erected, which are more pleasant and healthy.'*

"These are all the means of separating the lunatics from the rest of the household. Ordinarily they are kept in the wards with the other paupers; but when they are excited, or are troubled by, or troublesome to, the other inmates, so that it is requisite to remove them, the only resort is to send them to these cells, for there are no other rooms to which they can be sent.

"The number and condition of the insane and idiots in each of these establishments is shown in the following table :

LUNATICS AND IDIOTS IN STATE ALMS-HOUSES.†

LOCATION.	SEX.		NATIVITY.		CONDITION.			Total.
	Male.	Female.	American.	Foreign.	Mild—manageable.	Excitable—troublesome.	Furious—dangerous.	
Monson	4	2	3	3	3	3	..	6
Tewksbury	7	12	5	14	5	7	7	19
Bridgewater	7	8	1	14	6	8	1	15
Totals	18	22	9	31	14	18	8	40

* Letter of Dr. S. D. Brooks, Superintendent of the Monson Alms-house, to the Commission.

† These were the numbers in October, 1854, when the returns were made. Since that time many have been removed from Ipswich and East Cambridge receptacles, and some from the hospitals to these alms-houses so that there are now (April, 1855) about a hundred at Bridgewater, and in the others the numbers are increased.

“Of the forty reported, eight are stated to be furious or dangerous, eighteen excitable and troublesome, and only fourteen, about one-third, are always mild and proper members of the general household.

“SUMMARY OF ACCOMMODATIONS FOR THE INSANE.—These hospitals, receptacles, prisons and state alms-houses are all the places in the commonwealth where lunatics can be accommodated or confined, except at their homes in private dwellings, or in the city and town poor-houses.

“Suitable accommodations are provided, in the four hospitals and in the private establishments, for one thousand and seventeen of the curable and the incurable patients who need custody or separation from home. Good custodial accommodations are provided at Ipswich for sixty-nine of the old, incurable and mild patients. Means of confinement are provided at Cambridge for sixty of the same.

“Sufficient provision is made for the criminal lunatics now in the State Prison and in the Boston House of Correction. In all the establishments in the state provision of various kinds is made for eleven hundred and forty-six patients.

“As the McLean and the private asylums are open to patients of every state, and as there are always some who prefer to send their insane friends to distant places, it is probable that these will always receive some, perhaps as many as they now do, from abroad. For similar reasons, and on account of the greater convenience of access to some parts of the commonwealth, it is probable that as many will be sent from Massachusetts to the hospitals in the neighboring states, making those that come into the state about equal to those who go out.

The answers to the third and fourth inquiries are included under the head of “Further Wants of the Insane,” and “General Plans for the Future.”

III and IV.—From these we must make copious extracts, as the subjects noticed are of very general importance and interest.

“FURTHER WANTS OF THE INSANE.—The returns received show that, in the opinion of the physicians and hospital superintendents and others, there were one thousand seven hundred and thirteen insane persons and sixty-one idiots who should enjoy the advantages of, or be confined in, some hospital or other; six hundred and ten of these are at their homes or in poor-houses; add to these one hundred and nine, the excess of patients in the hospitals at Worcester, Taunton and Boston, and we have seven hundred and nineteen who now need, but have not, these advantages. Now, it is not to be supposed that the relations and the overseers, the friends and the guardians, would send all, or nearly all, their patients to a hospital, however excellent its accommodations, and however accessible it might be to them. It is not, therefore, deemed advisable that the state or the people should make provision for so many in addition to that which is already made. But it is well known that there are many whose friends and guardians desire them to be admitted, but they cannot be received for want of room. Three of the public hospitals are crowded with more than they can accommodate; and the McLean Asylum would be, if, like the other hospitals, it were obliged to receive all who are sent to it, or for whom application is made.

Many of our patients now in the asylums in Brattleboro', Providence, Concord and Hartford, are sent there on account of the difficulty of getting into the hospitals at home, and the greater facilities for doing so abroad. But these institutions, which have hitherto invited patients from this and other states, in order to fill their vacant wards, are now becoming filled with those of their own states, and receive strangers with more hesitation. This difficulty will necessarily increase; and those institutions which are created by, and belong to, their respective states, will, of course, be compelled to confine their admissions to their own citizens, and exclude all others, as ours have done. The others can hardly be expected to receive more of our patients than we shall receive from abroad. Massachusetts, then, must expect to provide for, and take care of, at least as many patients as belong to the state.

"Admitting, however, that many who should be in hospitals will be retained at home, whatever may be the inducements to send them to a hospital, still there can be no question that there is now a necessity of further action; and the time is ripe for a new effort for those lunatic patients who are yet at their homes, to save those who are curable from permanent insanity, and give to the others who cannot be saved such an asylum of protection as their own good and the interests of the state demand.

"Besides these six hundred and ten lunatics and idiots now at their homes, and needing hospital accommodations, the question of selling the hospital at Worcester is proposed by the Legislature to this Commission for consideration. If this sale should be deemed expedient, it would leave three hundred and sixty-four patients to be provided for. The city government of Boston are convinced of the necessity of giving up their present hospital, which is now inconvenient and too small for their wants, and of providing a more ample and satisfactory establishment. The county commissioners of Middlesex are convinced that the receptacle at Cambridge is entirely insufficient and unsatisfactory, and would have provided another if the policy of the state as to the method of supporting the state pauper lunatics were not yet in doubt. But they are certain that some other provision must be made for those insane persons now on their hands. The probability or possibility of changing these three establishments, requiring new provisions to be made for the six hundred and ninety-seven patients now in them, and the wants of six hundred and ten other lunatics and idiots now at home, whom the physicians think should be in some hospital, leaves the whole subject of the distribution of, and providing for, the insane open for consideration.

"GENERAL PLANS FOR THE FUTURE.—In view of this state of things, the Commission deemed that it would be for the interest of the state, and for the advantage of humanity, that the best plan should be devised for distributing and providing for the insane; and for this purpose the wisdom and experience of those engaged in the management and cure of this disease should be sought and made available for the use of Massachusetts.

"Accordingly, letters were addressed to the superintendents of the most successful hospitals in the United States, and to the same, and others familiar with the administration of hospitals and the care of insane, in Great Britain.

"These gentlemen were asked to advise as to the best method of distributing and providing for the insane—whether it were best to provide in one hospital for all classes and kinds of insane persons, male and female, independent and pauper, foreign and native, curable and incurable, innocent and criminal, as is generally done in the United States, or in separate establishments; for the males and for the females; or for the independent and the pauper; or for the foreigners and natives; or for the curable and incurable; or for the criminals, as proposed by Mr. Ley, of the Oxford and Berks Asylum, and sustained by the English Commissioners in Lunacy.

"They were also asked to advise as to the number that, 'regarding the comfort and improvement of the patients,' can properly be accommodated in one institution, and what number in reference to each of the preceding classifications which should be advised.

"They were asked to give their ideas of the best plan of a hospital for lunatics for each of the above classifications.

"These letters were sent to the following superintendents of hospitals:

"Dr. Luther V. Bell, of the McLean, Somerville; Dr. George Chandler, Worcester; Dr. Clement A. Walker, Boston; Dr. George C. S. Choate, Taunton; Dr. Henry M. Harlow, Augusta, Me.; Dr. John E. Tyler, Concord, N. H.; Dr. William H. Rockwell, Brattleboro, Vt.; Dr. Isaac Ray, Providence, R. I.; Dr. John S. Butler, Hartford, Ct.; Dr. John P. Gray, Utica, New York; Dr. N. D. Benedict, late of Utica, N. Y.; Dr. D. Tilden Brown, Bloomingdale, N. Y.; Dr. M. H. Ranney, Blackwell's Island, N. Y. City; Dr. Horace A. Buttolph, Trenton, N. J.; Dr. Joshua Worthington, Friends' Asylum, Frankford, Pa.; Dr. Thomas S. Kirkbride, Philadelphia, Pa.; Dr. John Curwen, Harrisburg, Pa.; Dr. John Fonerden, Baltimore, Md.; Dr. Charles H. Nichols, Washington, D. C.; Dr. Francis Stribbling, Staunton, Western Virginia; Dr. William M. Awl, late of Columbus, Ohio.

"Similar letters of inquiry were sent to England, to Dr. Samuel Gaskell, Superintendent of the Lancaster Lunatic Hospital; Dr. John Thurnam, Wiltshire Asylum, Devizes; Dr. William Ley, Oxford and Berks, Littlemore; Dr. Daniel H. Tuke, York Retreat; Dr. W. A. F. Brown, Crichton Asylum, Dumfries, Scotland; Dr. Forbes Winslow, editor of the *Psychological Journal*, London; Edwin Chadwick, Esq., Secretary of the Poor-Law Commissioners; the Commissioners in Lunacy for Great Britain.

"It is due to the gentlemen to say, that all of those in America whose council was thus asked, except two, and most of those in Europe, answered all the questions proposed to them, and several of them at great length, giving statements and opinions of great value to the work of this Commission, and the purposes of this commonwealth in connection with it. These will be used in course of this Report."

"SIZE OF A HOSPITAL.—It is the unanimous opinion of the American Association of Medical Superintendents of Insane Asylums, that not more than two hundred and fifty patients should be gathered into one establishment, and that two hundred is a better number.

Taking the average of the patients that now present themselves in Massachusetts, of whom eighteen per cent. are supposed to be curable, and need active treatment, and eighty-two per cent. incurable, and require, principally, general management and soothing and custodial guardianship, and having due regard to the comfort and improvement of the patients, this limit of two hundred and fifty should not be exceeded.

These gentlemen, individually applied to, concur in the opinion given by the Association; or, if they differ from that rule, it is by assigning a smaller number, on the ground stated by Dr. Luther V. Bell, that it gives "every advantage of that classification of disease, dispositions and manners, which secures the most comfort, and that mutual attrition of mind upon mind which is so beneficial, and which, at the same time, permits one head to acquire and retain that intimate personal knowledge of each case, in all its history and relations, which is so essential to the best application of moral and medical treatment."

"DISADVANTAGES OF LARGE HOSPITALS.—The policy which has built large establishments for the insane is a questionable one as applied to economy. After having built a house sufficiently large, and gathered a sufficient number of patients for their proper classification, and for the employment of a competent corps of officers and attendants, and allowing each to receive just as much attention as his case requires, and providing no more, any increase of numbers will either crowd the house, or create the necessity of building more rooms; and their management must be either at the cost of that attention which is due to others, or create the necessity of employing more persons to superintend and to watch them.

"If the house be crowded beyond the appropriate numbers, or if the needful attention and the healing influences due to each individual are diminished, the restorative process is retarded, and the recovery is rendered more doubtful. And if additional provision, both of accommodations and professional and subsidiary attendance, is made to meet the increase of patients beyond the best standard, it would cost at least as much per head as for the original number. Dr. Kirkbride thinks it would cost more, and that the actual recoveries of the curable, and the comfortable guardianship of the incurable, are not so easily attained in large hospitals as in such as come within the description herein proposed. 'It might be supposed that institutions for a much larger number of patients than has been recommended could be supported at a less relative cost; but this is not found to be the case. There is always more difficulty in superintending details in a very large hospital; there are more sources of waste and loss; improvements are apt to be relatively more costly; and, without great care on the part of the officers, the patients will be less comfortable.'

"Besides the increased cost of maintaining, and the diminished efficiency of a large establishment, there is the strong objection of distance and difficulty of access, which must limit the usefulness of a large hospital in the country, and prevent its diffusing its benefits equally over any considerable extent of territory to whose people it may open its doors."

THE INFLUENCE OF DISTANCE ON THE USE OF HOSPITALS BY THE PEOPLE.—With this Dr. Jarvis is familiar, having examined the subject some years since, in an essay devoted to it. From a careful examination of the number of patients sent from the several counties to all the state hospitals in the United States, which kept and published such a record, and a comparison of these with the average number of people in these counties, through all the recorded periods of the operation of the institutions, it is shown that the ratio of patients to the population sent to the hospital diminish constantly with the increase of distance from it.

“The following table was prepared in 1850. The counties in the several states are divided into classes. The first is the single and central county in which the hospital is situated. The second includes the next circle of counties, and the third class the second circle from the centre, &c. The population of these several classes of counties is taken from the statements of the national census, and calculated to show the average number of people existing in them in each of the years for which the observation was made; and the several columns show the proportion of patients sent to the hospitals, during that period, to the average annual population, or the number of people in each that sent one patient.

NUMBER OF PEOPLE IN VARIOUS DISTRICTS TO EACH PATIENT SENT TO THE LUNATIC HOSPITAL.

HOSPITAL.	Period within which Patients were sent.	Counties or Districts at various Distances from the Hospital.				
		County of Hospital.	Next Dist.	Third Dist.	Fourth Dist.	Fifth Dist.
Augusta, Me. . .	1840 to 1849	263	519	856	..	..
Concord, N. H. .	1842 to 1849	248	412	900	..	..
Worcester, Mass.	1833 to 1853	100	176	223	292	..
Providence, R. I. .	1848	406	5,710	..	..	..
Hartford, Conn. .	1844 to 1848	424	705	1,418	..	..
Utica, N. Y. . .	1843 to 1849	361	680	812	1,523	..
Trenton, N. J. . .	1848	1,956	3,077	6,781	..	..
Baltimore, Md. .	1843 to 1849	500	689	2,680	..	..
Staunton, Va. . .	1828 to 1849	300	420	658	916	1,534
Columbus, O. . .	1839 to 1849	582	994	1,093	1,168	..
Lexington, Ky. .	1824 to 1842	89	314	625	1,185	1,635
Nashville, Tenn. .	1844 to 1849	349	1,374	3,251	4,529	..

“These facts are taken for various periods in various states; no comparison is, therefore, to be made of one state with another, but only of the different classes of counties in the same state, at different distances from its hospital, in respect to the use which their people make of it.

"This calculation was made in 1850. Want of time prevents the making it for the four subsequent years, except as to Massachusetts; but as this corroborates the previous calculations, and as they all originally agree in this matter, it is presumed that no further facts will be needed to establish the principle.

"The proportion of lunatics which each county in Massachusetts sent to the state hospital at Worcester, from 1833 to 1853, inclusive, shows the effect of the same principle :

RATIO OF PATIENTS SENT TO THE LUNATIC HOSPITAL, WORCESTER,
TO THE AVERAGE POPULATION OF EACH COUNTY, DURING TWENTY-
ONE YEARS—1833 TO 1853, INCLUSIVE.

COUNTIES.	Calculated average Population twenty-one years.	Number of Patients sent.	Population to one sent.	Population to one lunatic at home and elsewhere in 1854.
Worcester	107,654	1,067	100.8	422
Middlesex	124,384	524	237.3	533
Norfolk	61,779	541	114.1	383
Hampden	42,114	236	178.8	554
Hampshire	32,775	181	181	402
	261,052	1,482	176	475
Franklin	29,814	102	290.5	377
Essex	107,943	535	201.7	396
Bristol	64,833	275	235.7	530
Plymouth	49,977	217	230.4	427
	252,567	1,129	223	427
Berkshire	44,228	144	307.1	446
Nantucket	8,409	30	283.3	686
Dukes	4,111	17	241.8	252
Barnstable	32,854	115	285.6	467
	89,602	306	292	449
Suffolk	110,041	464	237.1	371

"It thus appears that, while Worcester county sent one in 100.8 of its people to the hospital, Hampden sent one in 178.8, Barnstable one in 285, Franklin one in 290, and Berkshire one in 307—showing that, in ratio of its population, the central county, where the hospital is, and to whose people it is the most accessible and is best known, has had nearly three times as much advantage from it as the remote counties.

"The opening of the state hospital at Taunton affords another illustration of the influence of distance. At the end of March, 1854, the

counties of Suffolk, Norfolk, Bristol, Plymouth, Barnstable, Nantucket and Dukes, had two hundred and twenty-five of their patients in the state hospital at Worcester. In April, the hospital at Taunton was opened in the midst of these seven south-eastern counties, and offered to the use of their people. In October they had two hundred and seventy-five patients in both of these public hospitals—showing an increase of fifty, or 22 per cent., within six months, in consequence of the accommodations being brought so much nearer and made so much more accessible to them.

INFLUENCE OF FACILITIES OF TRAVEL ON THE USE OF A HOSPITAL.—Instead of distance, this is supposed to explain the difference in the number sent.

Having received proof from every quarter, and finding no countervailing fact or argument, it must be admitted, as an established principle, that a hospital cannot diffuse its advantages equally to the people of a large district. Those in the neighborhood, having convenient access, will use it much; those farther off will use it little, and the distant still less.

“SEPARATE HOSPITALS FOR MALE AND FEMALE.—All the hospitals in the United States are for both sexes. One or two private asylums receive only one of the sexes. In England, all the public hospitals, and a great majority of the private licensed houses, receive both sexes. The two military and naval hospitals, and three private asylums, receive only males, and eighteen private asylums receive only females. All the public hospitals in Scotland and Ireland are open to both sexes.

“Most of the superintendents of American hospitals advise that separate institutions should be prepared for males and for females. Drs. Bell and Chandler, in their late reports, both urge this, and with good reason.

“On the contrary, Dr. Thurnam, of the Wiltshire Asylum, at Devizes, in England, who has devoted much attention to this particular question, says: ‘Asylums for the two sexes should be united. The supervision being careful and judicious, there need be no evils which are not insignificant when compared with the disadvantages of the separate plan.’* Dr. Brown, of the asylum at Dumfries, in Scotland, gives the same opinion.†

“Unquestionably there are some advantages to be derived from this separation. Each sex can thus have the peculiarly appropriate accommodations more freely and comfortably arranged; and the administration can be better adapted to the wants and liabilities of either, and be carried on with more ease and success, when they are separated than when they are together in one establishment.

“But all these advantages seem to be more than counterbalanced by the increase of travel made necessary by this separation.

“A hospital for two hundred and fifty of only one sex must draw its patients from double the number of people that would be required to supply it if it contained one hundred and twenty-five of each sex; and

* Letter to the Commissioners. † Ibid.

of course these must be drawn from a much wider extent of territory. It is plain, then, that the obstacle of distance through which the remote patients must be carried will prevent the equal diffusion of the advantages of an institution for one sex in all the rural districts where people are scattered; but in large cities, or in their immediate neighborhood, which supply sufficient patients to fill two hospitals, this objection does not hold. And if separate provision should be made for the state paupers, whom the commonwealth must take care of, and of whom none will be kept back for any of these reasons, the division of the sexes may answer, but not for the great body of the people of Massachusetts.

"SEPARATE HOSPITALS FOR THE CURABLE AND INCURABLE INSANE.—The returns of the physicians and others show that, in their opinion, of the two thousand six hundred and thirty-two insane persons in Massachusetts, four hundred and thirty-five were curable, and two thousand and eighteen incurable.

"The question has been much agitated by those who study these matters, and it was asked of the correspondents of this Commission, whether it were best to provide separate establishments for these two classes; and they all with one accord, and yet separately, answered in the negative.

"The plan now pursued in nearly all the hospitals of this country and elsewhere, of having both classes together, is deemed the best.

"As the curable may vary more from day to day, and are more susceptible of remedial influences, they require more watching and active treatment than the incurable patients; consequently they need more accommodations, and better arrangements, and a greater amount of attention. They are managed with more expense than those who are supposed to be hopeless; and therefore mere economy would suggest that hospitals, with all the appliances and facilities for restoration, be provided for the curable, and that other asylums, with the bare means of custody and occupation, be provided for the incurable. This is done here and elsewhere, to some extent, by sending a part of the old and hopeless cases to the prisons and other places, to make room in the hospital for those whose cases are recent and promising; but this is only the result of necessity, because the curative establishments are not large enough for all.

"There are strong and sufficing objections to this plan of separation: First.—It is difficult to tell when a case becomes incurable, as some are restored even after several years' duration of disease. Dr. Tyler, of Concord, N. H., Hospital, says, 'I do not think it in the power of man to infallibly decide on the curability or incurability of an insane person.' And second.—There is ordinarily an advantage in keeping the two classes together: they have a healthy mutual influence; they aid in each other's purposes of residence in the hospital—the restoration of one, and the discipline and comfort of the other. Many of the incurable patients, with some delusions, are mild and manageable in the wards of these institutions. A part of them have considerable, and some much, intelligence. They are, therefore, not unacceptable companions for the more excitable and recent cases, and aid in controlling them. On the other hand, the incurable, seeing the others come

diseased and go restored, feel that their malady is not hopeless, and, at least, are induced to make some more effort to overcome their delusions and to regain their health.

“Dr. Bell proposes that the lowest class of demented patients, those who lead a mere vegetative life, be removed from the hospitals and provided for in a separate establishment, but not in connection with the prisons; and those who are now sent to the county receptacles and houses of correction, and the state paupers sent to the state almshouses, should be included with the others.

“SOCIAL DISTINCTIONS IN HOSPITALS.—As, in the treatment of bodily disorder, the physician recognizes and sustains all those parts of the constitution and system that are in good health, and endeavors to extend their strength through the disordered parts, and overcome the disease, so in the treatment of insanity it is necessary to have regard to all the powers, faculties and feelings which are yet sound, and use their aid to restore the disordered elements to health. Therefore the manager of the insane carefully respects their habits and opinions, their inclinations and associations, so far as they are healthy and do not interfere with the restoration; and all of these which are correct are to be disturbed as little as possible.

“Hence it is desirable that the patient, as far as is consistent with the management of his malady, either for its removal or its amelioration, should live in a style similar to that which he properly enjoyed when he was in health; he should also have associates corresponding to his former habits and tastes; and in all things he should not be required, in course of his treatment, to submit to any new and needless disturbance, disappointment or mortification.

“SEPARATE HOSPITALS FOR THE INDEPENDENT AND PAUPER.—All the state hospitals in the United States open their doors for both the independent and pauper, and these meet together in the same wards. A few of the corporate institutions—those at Somerville, Bloomingdale, N. Y., and Philadelphia—provide elegant and expensive accommodations for the more prosperous classes, and charge a price nearly in relation to the cost. This, of course, excludes the paupers; for, with an occasional exception, none of them go to these institutions. But in all the hospitals in Massachusetts, except the McLean, the paupers constitute a majority (83 per cent.) of the whole. Some of our native town paupers have been in comfortable circumstances, and used to some of the refinements of social and domestic life. Some of the insane paupers belong to independent families. Among the native population of Massachusetts there is such an imperceptible gradation from the higher and more favored classes, through all the ranks, down to those who are supported by their towns—the last including some that are cultivated and intelligent—that it is not easy to draw a line between them, nor is it well to try to separate them in our state hospitals. With one partial exception, this proposition finds no favor with any of our superintendents.

“But in England this separation is advised by the Commissioners in Lunacy, and by others who are concerned in the care of the insane and are received as authority in these matters; and this is the general practice there. Of the county and borough asylums, twenty-five

received paupers only, and twelve both classes. Of the corporate hospitals, ten take private or independent patients only, and four both classes; and of the licensed private houses, one hundred and six receive independent patients only, one paupers only, and twenty-three admit all classes.

"The origin, character and position of the state paupers of Massachusetts differ very materially from those of the town paupers. Of the seven hundred and thirty-seven lunatics and idiots supported by the commonwealth, five hundred and seventy-three are natives of other countries; and a large part of the remaining one hundred and sixty-four are natives of other states, and some are colored persons. These are not only now supported by the public treasury, but they never, even in health, had sufficient ambition, or energy, or command of circumstances to own the requisite amount of property, or pay the necessary tax, or reside long enough in one place to gain a residence, and thereby establish a claim upon the people of any local municipality for their support, as the more cultivated and favored town paupers have done.

"Looking, then, at the good of the patients, there seems to be reason for separating the state pauper insane from the others in Massachusetts, and of making distinct provision for their healing and their protection."

CRIMINAL LUNATICS.—*These should be kept separate from other lunatics*; yet the law and the custom, both in Great Britain and in Massachusetts, require the guiltless and the criminal lunatics to be brought together in the same hospital; for, in the present state of things, there is no other way.

There are not enough criminal patients in Massachusetts to fill an institution; and, in the present state of things, it is not proposed to change the policy respecting them.

"Yet, if the state paupers should be provided for in a separate establishment, it should include strong and suitable wards for the criminal insane, where they could be securely kept by themselves, and where they will do less injury to the innocent patients, whose sensibilities are less tender than those of the more cultivated.

"POLICY OF THE STATE IN PROVIDING FOR THE INSANE.—Of the two thousand six hundred and thirty-two insane persons belonging to Massachusetts, sixteen hundred and seventy are now provided for, either in the four hospitals and the private institutions within the state, five hospitals in the neighboring states, two county receptacles, eight prisons, or three state alms-houses.

"The general plan of hospitals for all patients, the curable and incurable, the mild, troublesome, and the dangerous, seems to the commissioners to be the best for their comfort and improvement, as well as a matter of economy. For a great majority of the recent and curable cases there will be no question that, in the present state of science, the hospital offers the surest means of restoration to health.

"The question still remains as to the means of providing for the old and incurable patients. Excepting the hospitals, all establishments now

open to the insane, under sanction of the law or the authorities of the commonwealth, fail of their purposes, and are therefore objectionable.

"The law of 1836, requiring the counties to provide suitable apartments in the houses of correction for the insane and idiotic persons not furiously mad, was an improvement upon the previous state of things. It offered a home to part of the insane who were strolling as vagabonds over the country, the objects of aversion and of derision to the thoughtless, and of fear to the timid. It also ordered suitable apartments to be prepared for such others as had been hitherto confined in the common rooms built for felons.

"It was supposed to be the complement of the law regulating the admission into the state lunatic hospital, to which the courts were authorized to send only such as were 'so furiously mad as to render it manifestly dangerous to the peace and safety of the community that they should be at large.' The law then intended to provide for the furiously mad at the state hospital, and for those who were "not furiously mad" in the county receptacles. It was intended, also, that these institutions should be in each county, and that every district should find its own means of protecting these helpless patients, and that they should be within the reach of all who needed them.

"An inquiry into the history of the past in reference to the operation of this law, and consultation with those who have executed it, and a careful examination of the houses of correction, with their accommodations for the insane and idiots, show that in eleven counties it has been a dead letter and entirely inoperative, and in all the counties it has failed to answer its purpose.

"These eleven counties have not fulfilled the first section of the law, and provided suitable apartments for these lunatics. Nor are any of their lunatics now in any apartment within the precincts of the house of correction, under the authority of the second section of the law, except in Norfolk, Bristol, Barnstable and Plymouth. Their other patients, if removed from home, are sent to the hospitals, and they are relieved of the responsibility for and care of them.

"On the other hand, the counties of Suffolk, Essex and Middlesex assume the responsibility and the expense of providing accommodations for all such of their insane as may be sent to them through the several processes of law. All of these patients undoubtedly are found in, and are presumed to belong to, one or the other of these counties. Many of them have families or friends there, and consequently better claim for home there than elsewhere. But some of them lead vagabond lives; they float on the whirlpool of society until they are carried into the vortex of the cities, where they fall into the hands of the police, and then are committed by the magistrates to the places provided for them. In this way nearly all of the state pauper lunatics, whom the law of 1836 is made to reach, and who are not in the state hospitals, find their way sooner or later into these houses of refuge in these three counties.

"The law operates, therefore, very unequally; for, while eleven counties are relieved from any investment of capital for its fulfillment, and from all expenditure except their share of the general tax for the board of their patients, the whole burden of providing buildings and grounds, and paying the excess of the cost of their maintenance, over and above the sum allowed by the state for this purpose, falls upon these three counties.

"Besides this unequal distribution of the burden of this law in its practical operation, there are other and still more important considerations in respect to the patients themselves, and to the penal institutions with which this law connects them.

"From these personal examinations of all the receptacles and prisons which are open for the insane and idiots under the law of 1836, from the universal evidence and opinions of so many competent witnesses, and from the reasons which have been presented, the Commission believe,—

"1. That the system proposed by that law for the management and treatment of lunatics has not been successful.

"2. That it is wrong to connect insanity with crime, lunatics with criminals, or asylums with prisons.

"3. That this connection is injurious to the patients and the convicts; and neither can be managed so well, nor the purposes of confinement so completely obtained, for either class, when in the same, as they can be in separate establishments.

"4. That it is not good economy for the state to deprive its insane wards of those means of healing that would restore the curable, nor of those best disciplinary influences that would keep the others in the most quiet and comfortable condition.

"5. That the state should provide a suitable establishment for its own pauper lunatics, and especially for such as are now in the houses of correction and the receptacles or hospitals connected with them, and also for the criminal lunatics.

"6. That this establishment should be put under the care and supervision of responsible medical and other officers, who will understand and be able to meet and to manage all the various phases of mental derangement."

The same objections apply to state alms-houses, as receptacles for lunatics.

As to the remaining subject of inquiry, viz., the condition of the hospital at Worcester.—This is rather a local matter, and we refrain from noticing it in particular, farther than to say that the Commissioners are of opinion that it needs many repairs and improvements, if not rebuilding.

"WANTS OF THE INSANE, AND PROPOSED MEANS OF RELIEF.—Here, in this stage of the progress, is an opportunity for the commonwealth to look the whole matter in the face, see the full amount of the burden of insanity and dangerous idiocy resting upon her and her people, and measure the extent of the sacrifice she and they must make for their cure, for their custody and guardianship, and for the public safety. The call is a great one, and the means of relief are correspondingly great; but the burden is made none the less by keeping it out of sight, and the cost is not lessened by paying it indirectly.

"It is well, then, to look to the future as well as the present, and lay such a plan for the administration of insanity as will meet all the demands of those who suffer from it, and such as will be the best for the interests of the commonwealth.

“There are six hundred and ten lunatics and idiots who need, but have not, the advantages of a hospital for their cure or their protection.

“Two hundred and five of these are said to be curable. Ninety are said to be violent and furious. Four hundred and eight are excitable and troublesome.

“Besides these, who are at their homes, there are those who exceed the due numbers in the hospitals at Worcester, Taunton and Boston.

“For all of these some provision is to be made; and they demand the first attention of the state.

“Without supposing that all of these would be sent to a hospital, even if it were offered to them, yet, judging by the past, seeing how soon every new institution for the insane in this and other states has been filled, there can be no doubt that another in Massachusetts would be immediately occupied.

“**PLAN OF FURTHER CARE OF THE INSANE.**—In view of the present and future wants of the insane in Massachusetts, the Commissioners recommend :

“1. That a new hospital be now erected; in order to accommodate those who are not yet in any such institution, and especially the curable and furious patients.

“2. That the consideration of the sale of the hospital at Worcester be postponed until the third hospital shall be ready for occupancy, and then, if deemed expedient by the legislature, be sold, and another erected in its stead within the city of Worcester.

“3. That the legislature take into consideration the plan of providing for the state pauper lunatics in a separate hospital, suitable to their condition and wants, where the curable may be restored, and the incurable be properly and comfortably kept.

“4. That the law of 1836, ordering the creation of county receptacles, be then repealed, and the counties be relieved of the responsibility of providing for the wants of the state.

“5. That all the laws in respect to insanity and hospitals be revised, and reduced to a code more suitable to the wants and the practice of the times.

“**NEW HOSPITAL LOCATION.**—Having come to the conclusion that the state should build a third hospital, the Commission examined the returns from the several towns, and those from all the asylums; and comparing the numbers of the insane who were in need of such an institution in the various sections of the commonwealth, they became convinced that, for statistical as well as for geographical reasons, it should be placed in the western part of the state. For convenience of the people who are to use it, it should be one of the great thoroughfares, as the Western or the Connecticut River Railroad, in a place the most accessible to the whole body of the population of those four counties.

“It should be near to some large town or village, where provisions, mechanics, and other aids could be obtained, if needed, and near to a railroad station—certainly not over two miles from it.

“**SITE AND LAND.**—If possible, there should not be less than two hundred and fifty acres of land—certainly not less than two hundred—all in one body, unbroken and undisturbed by any road, or streets, or im-

passable stream, so that the patients may obtain all kinds of exercise within their own inclosure, and so that the whole may be constantly under the eye and the control of the officers and attendants.

"The ground should be high, and susceptible of drainage; and the soil porous, to absorb the surface water. There should be an unfailing supply of pure, soft water, to the amount of not less than ten thousand gallons a day in the driest season. It is better that this should be spring water, running directly from the earth, than surface water, whether in running streams or in ponds.

"**SIZE AND PLAN.**—The hospital should be built for not over two hundred and fifty patients; though one for two hundred would be probably more advantageous to its great purpose, the healing and the management of insanity, and consequently more profitable to the state.

"By the kindness of several of the superintendents of hospitals in the United States, this Commission have received many plans of asylums which they have designed for this purpose. They have also received some from England. These all have high merit; and probably each one would be found convenient and useful, and satisfactory for its purpose.

"A very admirable plan of the lunatic hospital of Wiltshire, at Devizes, in England, was sent by its author, the able and learned Dr. John Thurnam, who originally designed, and now superintends the establishment. Mr. Chadwick and the Commission in Lunacy both write that great improvements have been made in Great Britain in the management and the construction of hospitals for the insane, and they offer any further aid that may be needed to secure for Massachusetts the best plan that the present time has produced."

We conclude, as we have commenced, by expressing our sense of the great value of this Report.

T. R. B.

ARTICLE VI.

NOTES ON THE VENTILATION OF THE STATE LUNATIC ASYLUM AT UTICA, N. Y.

It is known to many of the readers of the *Journal* that, during the last two years, the southern or female wing of the Utica Asylum has undergone extensive alterations, preparatory to the introduction of steam warming apparatus, and machinery for ventilation by mechanical means. The arrangements for warming were partially completed during the winter of 1853-4, and experimentally tested through the coldest months. The results obtained from a system of warming chambers, air-ducts and flues, essentially like those in other institu-

tions, and peculiar only in their completeness, possess no other interest than as furnishing corroborative evidence of the inefficiency of any system in which either warmth or ventilation are made to depend upon the unassisted action of the warm air flues.

In June, 1854, the ventilating machinery was completed and set at work. During the fifteen months which have since elapsed, the plans thus carried out, in the main in accordance with the original design of the Managers and the gentlemen who advised them, have been practically tested under every contingency of weather belonging to our climate, and through the greatest range of temperature ever observed in this locality. Further experience may render the routine of management more familiar, and gradually lead to methodical habits of observation, and furnish hereafter more exact data in reference to the air supply, its temperature, the effect of various quantities upon the health and behavior of the patients, the cost of warming air, of supplying it, etc. Nevertheless, it will not be premature to say now, that every important question connected with the ventilation and warming of these premises has been practically solved, and to satisfy the numerous inquiries of our professional friends by a brief description of the buildings and appliances, and a statement of results.

The south wing of the Asylum—an exact duplicate of the north wing—has a total length of four hundred and fifty feet, an average width of forty-three feet, and is three stories high. The arrangements for ventilation and warming include also the main or centre building, one hundred and twenty feet by sixty-five, and four stories high. The wing is appropriated to patients, the centre building to executive purposes. The internal capacity of the two is equal to about three hundred thousand cubic feet. The basement story is divided longitudinally into three parts, one of which serves as a passage, another for the warming chambers containing the steam-pipes, and the third for the ventilating or air-duct. The warming chambers are nearly continuous under the wing, but divided and separated under the centre building. Their average width is five feet. From the extremity of the wing the air-duct is carried under ground to the engine-house, from which point the air traverses a distance of some five hundred and fifty feet to reach the centre building. The vertical inlet flues in the wing, twelve inches square, extend from the top of the warming chambers in the basement story to the halls and rooms in the three stories, which they enter, with few exceptions, near the ceiling, at intervals of ten feet. The outlet are greater in number than the inlet flues, and somewhat smaller; they leave the halls and rooms near the floors and terminate in the attic in a main foul air duct, which extends

the whole length of the building, and discharges itself vertically under the observatory tower. The ventilation of the rooms and halls, therefore, is *downward*.

Between the main air-duct and the warming chambers, and near the floor, are numerous openings, which are closed or adjusted by wooden valves. It will thus be seen that the ventilation is carried on irrespective of warming, through the main air-duct, the warming chambers, the inlet and outlet flues, and the foul air duct.

The heating surface in the warming chambers consists of wrought-iron steam-pipes, of one inch internal diameter, arranged continuously, and without separation for the different stories. To facilitate the adjustment of the steam supply, and adapt it to the varying requirements of external temperature, the steam-pipes are divided horizontally into three independent series, either of which may be operated or shut off at pleasure. The aggregate amount of heating surface under the wing is twelve thousand square feet, and under the centre building two thousand feet. In the wing about fifty cubic feet of space are warmed by one square foot of surface. In the centre building there is no constant relation between space warmed and surface employed, in consequence of the ever-varying wants of the occupants.

The steam-boilers are placed outside of the asylum court-yard, seventy feet distant from the extreme end of the wing; they are two in number, each eight feet in diameter and thirty feet long, with interior fire-places and drop or descending flues. The total amount of surface exposed to the fire is three thousand square feet. The main steam and return pipes, connecting the boilers with the pipes in the warming chambers, are carried under ground some hundreds of feet.

The boiler-house is a capacious building, of two stories, inclosing an engine and pump-room, with tanks for heating bath water, a wash-house with washing and wringing machinery, rooms for drying, ironing and storing, and, finally, the *ventilating* or *fan-room*. These details are referred to merely because they are accessories to the economy of the motive power employed in ventilation, and it is important to state, that, while the engine is working at its maximum rate for summer supply, the escaping steam, which would otherwise be wasted, is usefully employed in one or more of these departments. It follows, therefore, that ventilation may be carried on mechanically, without involving any considerable loss of heat or consumption of fuel.

The ventilating machine is an ordinary, or, we should rather say, an extraordinary fan, similar in appearance to the fans commonly employed in steam-boats and foundries, but free from the anatomical infirmities which are too often inflicted upon this class of machines,

rendering them both noisy and inefficient. The "running part" of the machine, to speak technically, consists of a shaft of four inches diameter, turning in long bearings of soft metal, and driven by a pulley four feet in diameter, twelve pairs of wrought-iron arms, seven feet long, and twelve wind-boards, with a radial width of three feet and an axial length of seven feet; the circumferential path of the extremities of the boards is consequently about forty-four feet. The arms are enclosed in a wooden casing, the rim or circumference of which describes a spiral curve commencing twelve inches and ending forty-eight inches from the outer edges of the boards, and forming an air-channel outside of the boards, the capacity of which is constantly increasing towards the outlet, where it attains a sectional area of delivery of thirty-eight square feet, which is the minimum size of the main air-duct. The openings round the shaft, through which air is admitted to the fan, are six feet in diameter, making the sectional opening for supply equal to fifty-six square feet. It is well to mention, that the dimensions of these air-passages, which were restricted by local obstacles, might be advantageously increased to double their present capacity.

When turning at the highest speed at which the engine is capable of driving it, the fan makes no noise or vibration; the only perceptible sound is that of the air current rushing to the central openings.

It will be readily perceived by those who have considered the subject, that no great refinement of form has entered into the construction of this machine, especially as regards the rectangular shape of the boards. Viewed as a practical question, however, it may be doubted whether a higher degree of elaboration in a machine, working at the low velocities required for ventilation, would be productive of any adequate advantage.

The steam-engine which gives motion to the fan is nominally of thirty horse power. It is designed to turn a fan of similar dimensions for the north wing, and to furnish motive power, of which there will be a large surplus, for various farming, mechanical and domestic purposes.

We have no space for further details, and must close our notes with such facts as the *modus operandi* has developed, and a few hints to those who are interested in the ventilation of asylums.

Experiments have been made to ascertain the quantity of air delivered by the fan, without the aid of rarified currents in the vertical flues. At the maximum summer rate of seventy revolutions per minute, it was found to be not less than seventy thousand feet per minute, or one thousand feet for each revolution. Two or three modes of measurement were employed, which were sufficiently corroborative to prove, if not the actual, at least the minimum quantity of air passing through the duct, and there was no hesitation in placing this minimum above the

figures before mentioned. At lower velocities the quantities of air delivered are relatively higher.

It was at first intended to give to each patient and person in the asylum the largest quantity of air which the extreme views of scientific men had prescribed as necessary, or even desirable, under any circumstances; this was found to be sixty feet per minute.* The average number of persons in one wing and one half of the centre building is about two hundred and seventy-five, requiring, at the foregoing rate, sixteen thousand five hundred feet per minute. Upon further reflection it was perceived, that, beyond the question of supplying the actual necessities of the animal economy, or the peculiar necessities of insane patients, there were considerations which seemed to have been hitherto neglected—at least so far as they grow out of the specialties of our climate. Air-warming is an expensive process, and our winter standard has become our normal standard, or, we might more truly say, it is far above our average, since our best examples of ventilation, hitherto, have been those in which the motor has been a rarified shaft, and in which, consequently, the summer ventilation has been least effective. Air-moving is comparatively a cheap process, if carried on judiciously by mechanical means. In hot and sultry weather the sensation of air in motion is refreshing and salutary, and especially so to those who, from misfortune or disease, are compelled to live within doors. The odor peculiar to insane patients and asylums, and painfully present in the best-ventilated institutions which the Managers and their associates had the privilege of visiting, might, it appeared to them, be dissipated by dilution with *some* quantity of fresh air, and a quantity, perhaps, quite within the reach of well-known ventilating machines and of a just economy. In case of the prevalence of certain diseases, the value of powerful and reliable air-currents in arresting contagion could scarcely be over-estimated, and a special provision against this by no means remote contingency would be justifiable. Upon these and other considerations, it was decided to construct the works upon the present enlarged scale.

We have remarked that our largest quantity of air in summer is seventy thousand feet per minute, and when we add that it is obtained with an outlay of less than nine-horse power and a trifling amount of fuel, it cannot be doubted that this is the cheapest of all our luxuries. The approach of winter, however, imposes a tariff upon this commodity, and, after such *profuse* indulgence, we feel an air tax to be more onerous than a water tax. We find that to raise the temperature of two and a half tons of air per minute only a few degrees, is a matter of graver

* Doctor Reid, in the British House of Commons.

consequence than to move it a few hundred feet. During the winter of 1854-5 the speed of the fan was gradually reduced until the mercury fell to twenty-six degrees below zero, when about thirty thousand feet of air per minute were warmed to 130° Fahr. At this extreme point the average temperature in the wing was 70°.

It is scarcely necessary to say that, under the plus or plenum action of the fan, the air currents are at all times under perfect control, without regard to temperature. No length of flue, or distance from the fan, or difference of altitude, has prevented a free and positive discharge through every outlet in the building.

It has not been found important to regard the opening and closing of windows, except during the prevalence of high winds. No restriction has been imposed on the patients or attendants, and it has seemed to be a matter of little moment, whether the large volumes of air entering the rooms and halls were allowed to escape through open windows or through the flues provided for that purpose.

The fan has hitherto been kept in motion about eighteen hours per day. More recently the experiment has been tried of working through the whole twenty-four hours, and, from the good effects observable, this practice will probably be continued.

The cost of warming a building of this magnitude is a large item in its current expenses, however effective its mode, or restricted the supply of air; and it is obviously enhanced when special arrangements are made to eject large quantities of air, from which the invested heat cannot by any practical device be separated. We no longer seek, like the proprietor of a New England cotton mill, to find the extreme limit of economical warming. The question is, How much air shall be warmed?—a question upon which the Managers have not yet come to any definite conclusion.

Upon the whole, the system may be said to have so far answered the expectations of its projectors that no further alterations or improvements are contemplated. It may be expected, however, that we should state how far, in our judgment, it should serve as a model in other institutions, and to what extent it may be advantageously modified.

We should, first of all, propose to place the heating-pipes in a single detached and compact chamber between the fan and the air-duct, and make a special business of warming all the air at one point before proceeding with its distribution. We would proceed consecutively—first, the forcing; second, the warming; third, the carrying. The idea of building a detached chamber did not occur to the Managers until they learned that the experiment had been well tried in England, and were also informed by Mr. Joseph Nason, the engineer who constructed

these works, that he had successfully ventilated and warmed a large building in this country, many years ago, by the same process. The advanced state of the work at the time the subject was brought to their notice did not allow them to entertain the question of making such a radical change in their plans as a detached heating-chamber would have involved. Their conclusions had been formed after much study and consultation with the best authorities, and their soundness was not impeached by the discovery that one more step had been taken in the same direction.

Since we are inclined to endorse the "separate" system, we ought to say that we do so upon examination of the plans which Mr. Nason has proposed for carrying it out in several buildings of considerable magnitude. So far as we can learn, the works of this character have been hitherto upon a moderate scale, and have excited little attention; and we imagine that the multiplication and extension of ducts and flues to be filled with warm air has been avoided, from an apprehension that the air, during its long journey, would suffer too great a loss of heat. This brings us at once to the all-important question, whether tubes for the transmission of warm air to distant points can be constructed in any way within the range of feasibility, so as to render the loss of heat equal or inferior to that sustained under the ordinary system, where the steam-pipes are placed immediately under the rooms which are to be warmed; and we are free to say, that the doubts which we at first entertained have all been removed. The means proposed by Mr. Nason for accomplishing this end appear to have been the result of long and careful study, and to promise entire success. In a subsequent number of the *Journal* we hope to resume this interesting inquiry, and to give in detail his plans for ventilating and warming the Michigan Asylum for the Insane, which was commenced last year, and is now in progress. This may be taken as an extreme case of transmitted heat, as the steam-pipes are to be placed in the boiler-house, at some distance from the buildings, and the air is to be conveyed in an underground tunnel. In this, as in other instances of separated chambers, the whole arrangement is characterized by extreme simplicity; the two distinct operations of ventilating and warming are brought into the most favorable relations to each other, and we may expect, ere long, to see air and warmth, in any required proportions, supplied with as much certainty and uniformity as gas for lighting.

We are glad to know that the views here rather freely expressed are sustained by no less authority than Captain M. C. Meigs, the highly educated engineer in charge of the Capitol Extension at Washington, who is preparing, with the assistance of Mr. Nason, to ventilate the

two Halls of Congress with fans of great power, and is now engaged in preliminary experiments, which have hitherto been wanting, to determine the best form and proportions for these machines.

We add to our memoranda, that arrangements are in progress for steam-warming, with fan-ventilation, at the North Carolina Asylum for the Insane at Raleigh, the Tennessee Asylum for the Insane at Nashville, and the new Asylum for the Deaf and Dumb in the city of New York. These works are also in the hands of Mr. Nason.

We believe, also, that an analogous system of forced ventilation is to be applied to the Insane Asylum at Worcester, Mass., but the particulars have not reached us.

The subject, to conclude, has been taken up in various quarters in a spirited and liberal manner. Educated, practical men have made it a specialty, and our European authorities will soon be overweighed by the experience acquired in our own climate.

ARTICLE VII.

BIBLIOGRAPHICAL.

REPORTS OF FOREIGN ASYLUMS.

1. *Report of the Committee of Visitors, and Fourth Annual Report of the Medical Superintendent of the Asylum for the Insane Poor of the County of Wilts.* Devizes, 1855.

The Committee of Visitors report that, during the past year forty-eight males and seventy-two females have been admitted, and that the total number under treatment is two hundred and eighty-nine, one hundred and twenty-eight males and one hundred and sixty-one females. Sixteen males and thirty-five females have been discharged as recovered, and three males and two females relieved. One male has been removed to another asylum; nineteen women and ten men have died during the year, but no epidemic or serious disease prevailed.

“It is satisfactory to state, that mechanical restraint has not been resorted to, and that the patients have been generally orderly and tranquil. Between forty and fifty have been daily employed upon the farm.”

The Medical Superintendent, John Thurnam, M. D., in his report, observes :

“ Among the cases admitted were a few which, though certified in the usual form, could not be regarded as *bona fide* examples of insanity. Of these, two or three were cases of senile imbecility, popularly known as mental superannuation ; one or two were cases of the delirium of fever, and one was an example of delirium tremens. In a different rank of life, the idea of sending such cases to a lunatic asylum would not even be entertained, and a doubt must be allowed as to the propriety of such a practice in the case of the poor. In one instance, that of a respectable female servant, who became delirious under an attack of fever, all required for her treatment was such careful nursing as she might have had in any private house, or properly regulated infirmary. The Superintendent is of opinion that the precipitate removal to the asylum of such cases as these is an evil which ought to be guarded against by relieving officers and those whose duty it is to sign the orders and certificates for their admission. As regards delirium tremens, a disease which, under appropriate treatment, is generally susceptible of cure in a few days, the Commissioners in Lunacy have expressed their opinion, that this malady ‘alone does not constitute a sufficient ground for confinement in an asylum :’ and there can be no doubt that it is even less contemplated by the law that cases of fever, attended by temporary delirium, should be sent to an asylum for the insane. In the case of delirium tremens above referred to, the ‘facts’ alleged in the medical certificate as ‘indicative of insanity’ are, that the patient ‘fancied that he saw rats and birds on his bed, and was seen to attempt to get through an imaginary aperture.’ Every practical physician is aware that these are the very symptoms which are characteristic of delirium tremens.”

“ The general health has, for the most part, been good ; and it must be thankfully recorded that, during the prevalence of epidemic cholera in the last summer, the establishment, unlike some other asylums, has been exempt from any visitation of that disease, which, indeed, has prevailed but slightly in this county. With the exception of some additional attention to the means of cleanliness and ventilation, the only precautionary measure which the Medical Superintendent thought needful was a slight modification of the dietary for the patients. This consisted in the substitution, for the pease soup, forming the usual dinner once in the week, of a plain white soup, made from the liquor in which the mutton for the previous day’s dinner had been boiled, with milk, flour, onions, pepper and salt. This formed a very palatable and savory food, at once wholesome and free from some objections to which pease soup is liable. At the commencement of the winter, and since cholera and diarrhœa have ceased to prevail, the ordinary dietary has been resumed. During the hot weather, cases of slight diarrhœa frequently occurred ; but the disorder was, in every instance, speedily relieved by appropriate treatment. Rheumatic and bronchial affections have been somewhat prevalent. Boils and severer forms of furuncular inflammation have, through the greater part of the year, appeared among the patients—to whom, indeed, these affections, which seem to have assumed an almost epidemic character, have not been confined. In one case the disorder assumed the form of carbuncle, and being complicated with inflammation of the lungs, proved fatal in a few days.

These forms of disease have been common throughout the country; and, from a recent 'Summary' by the Registrar-General for London, we learn that 'carbuncle began to prevail in 1847, and although it is rarely fatal, the deaths from it in a year have increased from five or six to fifty, seventy, and, in 1854, to ninety-one.'

"During the year the mortality has been at the rate of 10.52 per cent., which is rather less than the mean rate from the opening of the Asylum. The mortality among the males has been much lower, that among the females much higher, than usual; the ordinary rule in this respect having been reversed.

MEAN ANNUAL MORTALITY.	MALES.	FEMALES.	BOTH SEXES.
For the year 1854	8.28	12.27	10.52
For 3 $\frac{1}{4}$ years—1851-4 . . .	12.77	8.77	10.57

"Among the deaths were a few cases from inflammation of the lungs, chiefly in the aged, and in persons laboring under protracted insanity. Generally speaking, however, the causes of death were diseases offering but little prospect of recovery. Seven of the whole number were from seventy to eighty years of age and upwards. Two patients died within twelve and fifteen days, and one female within two days, of admission. In this last case, as in several others which have previously been brought to the asylum, the patient was dying from exhaustion when admitted. In cases like these, and under circumstances so hopeless, it is matter of regret that patients could not be spared the risk and suffering of a journey to the asylum, by which their last days may be shortened and perhaps embittered. Were the infirmaries of the union work-houses better organized, and provided with one or more experienced nurses, as they might be at no great cost, the charge to the unions, in such cases, as well as in others previously referred to, might be lessened; and the asylum spared the necessity of admitting cases, the only result of which is to swell the table of mortality."

The manufacture of lace has been introduced into the asylum, and two or three thus occupied produced, in a short time, about sixty yards. Though not yet remunerative, it has proved a pleasant mode of employment. The other departments of labor, from the tables appended to the report, seem to have been usually successful in their operation.

The means of recreation adopted have been varied and interesting.

"In addition to frequent parade with the band of music, as heretofore described, in which a large proportion of the male patients unite, they have, on a few occasions, been taken long walks in the country, much to their gratification and advantage. In three instances tea parties have been given: two of these took place in the open air, under the shade of the plantation, and were much enjoyed by the large numbers who participated in them. On these occasions a few small balloons were sent up, the services of the band were called largely into requisition, and those who could sing readily contributed their share to the amusement of their companions. Dancing, we believe, seldom forms a part of the ordinary amusements of the reputable poor of Wiltshire; and

the Medical Superintendent entertains considerable doubt as to the propriety of its formal introduction into asylums for the poor, at least in this part of England. In the asylums of the Metropolis, and of Ireland, the case, no doubt, may be different. In accordance with these views, dancing forms no part of the prearranged plan for the evening's amusement : still, under the influence of the music, some are generally ready to join in the dance, which a few of the more lively of their companions almost involuntarily commence. In contemplating the cheerful and contented group, one is ready to exclaim with a poetical friend,—

“ ‘ Are these, then, those turbulent souls whom rage and demoniac fury
Urge with an impulse dire, as though sprung from the madness of Satan ?
Ah no ! let us soften with love the harshness of words breathing terror ;
Restored to humanity's rank, let us hail them once more as our fellows ! ’ ”*

In speaking of the qualifications of attendants and subordinates, Dr. Thurnam remarks :

“ In carrying out satisfactorily the important objects of a large asylum for the insane, much must necessarily depend on the character and fitness of those employed, whether as officers, attendants or servants. A certain, and by no means low, standard of intellectual vigor and ability is to be desired in all who have the charge of, or come in contact with, the insane. Such endowments, however, are not the most indispensable. Method, punctuality and a steady application to business must be considered as decidedly to be preferred to remarkable talent or energy of character, where all these are not happily combined in the same individual. In the ordinary relations of life these every-day virtues are of more genuine value than more striking and brilliant qualities ; and this is especially the case in connection with insanity, as persons afflicted with it absolutely need a regular and systematic course of treatment. In their immediate attendants are required vigilance and discretion, firmness tempered by kindness, and, above all, the patient discharge of duties which may often be trying to the feelings.”

II. *The Report of the Committee of Visitors, and Medical Superintendent of the Devon County Lunatic Asylum.* Exeter, 1855.

Dr. John Charles Bucknill, with whose name, both as an author, and editor of the recently established *ASYLUM JOURNAL*, our readers are familiar, continues in medical charge of this successful institution. The Visitors, in their report, are enabled to present a favorable account of the general health and good condition of the asylum committed to their care.

* “ From lines written on the occasion of a fête at the asylum at Meerem-berg, near Haarlem. From the Dutch of Dr. D. H. Van Leeuwen.—*Psychological Journal*, July, 1854.”

The average number of patients under treatment during the year has been four hundred and fifty-one. One hundred and thirty-three have been admitted, fifty-two discharged, and forty-nine have died, leaving the number resident at the close of the year four hundred and seventy-six.

We make the following lengthy extract from Dr. Bucknill's able report—not that any apparent misapprehension, existent here, in regard to the relations between the so-called “moral” and “medical” systems, would seem to require it, but because it embraces a concise and practical account of the present care and treatment of the insane in well-conducted asylums, which, to the general reader especially, will be very interesting.

“During the past year the same general system of treatment has been pursued which, for many years, has in this institution been attended with satisfactory results: a system under which a large proportion of recent cases have recovered—a proportion probably as large as that which rewards the physician in the treatment of serious diseases of any vital organ—and under which the accumulation of chronic mental invalids, for whom the hope of cure is futile, are maintained in a considerable degree of mental tranquillity, bodily comfort and general happiness.

“When a patient is first admitted, suffering under an acute form of insanity, the treatment is principally medical. He is, indeed, addressed in a kind and soothing manner; if he is violent, care is taken to withdraw from him sources of irritation, and his excited and angry feelings are generally found to calm themselves when opposed by patience and good temper; if he is distressed, he is comforted; if he is suicidal, he is cheered and watched; in fact, he is treated with the kindness and consideration most likely to soothe a sane person under the dominion of strong emotion. But it would be incorrect to assert that such behavior exerts any considerable influence in arresting the progress of the disease in its acute stages; it must be withstood at that time by active medical treatment. Insanity is a disease of the brain: and although, under kind and gentle management, the diseased processes are far more likely to cease spontaneously than under the harshness and cruelties formerly practiced, still no physician who has faith in his science can withhold the potent means at his command. In the early stages of insanity the most prominent and important symptom is loss of sleep, occasioned, without doubt, by morbid processes going on in the brain. If sound and refreshing sleep can be procured at an early period, in a case of recent insanity, a speedy recovery may be anticipated; but if wakefulness is continued for a long period, recovery will certainly be postponed, and the patient will run great risk of passing into a state of incurable mental infirmity. It may be possible that moral influences have more power in controlling the excited action of the brain than that of any other vital organ—than palpitation of the heart, for instance, or irritability of the stomach: but they have not so much power in the acute and recent forms of cerebral disease that they can be trusted alone, without the vigorous aid of medicines, baths, diet,

and the various other means especially at the command of the physician. In the earliest stages of sudden, acute and complicated cases of insanity, medical treatment is, perhaps, not less efficacious than in acute diseases of the lungs or heart; and the physician, who, under such circumstances, neglects the active employment of medicines, can have little confidence in his professional resources. Such opportunities of treatment are, unfortunately, of rare occurrence. In many cases the development of insanity is gradual and progressive, presenting no acute period; in many other cases the acute period is, from various causes, allowed to pass by without the employment of suitable remedies: and in these chronic cases, or the chronic stages of cases originally acute, (which together embrace the vast majority of all patients under treatment,) moral influence becomes the invaluable and indispensable ally of medicine. In the treatment of insanity there are many remedial agents which can scarcely be designated as either altogether medical or moral: occupation, for instance, produces the beneficial effect of bodily exercise, and moral effects, by diverting the mind from morbid trains of thought;—wholesome and sufficient food produces physical effects, by favoring the alimentation of the body and promoting the due nutrition of the brain, while at the same time it gives rise to feelings of satisfaction and contentment, and thus operates on the moral side. The purely moral agencies may be distinguished into those which are brought to bear upon the individual patient, and those to which he is subjected in common with the other inmates of an institution. The first comprise the conversation and behavior of the physician, and of those he employs to assist him in this delicate and responsible duty, towards each individual patient. The present occasion does not afford space, even briefly, to describe how a physician, experienced in the treatment of the insane, acquires the tact of managing his patients,—the power to soothe the irritable, to cheer the desponding, to check the unruly. It is a power acquired by long practice, not only by medical men but by attendants and nurses. In large institutions it is through the latter the physicians must, to a great extent, obtain the performance of this work; and, consequently, the selection, the training and control of attendants become, of all his duties, the most necessary, important and responsible.

“Among the moral agencies to which the patients in an asylum are subjected in common, must be ranked their removal from the exciting causes of disease to be found in their own homes,—from the distresses, anxieties and privations too often found there,—from the temptations to excess,—from the exhortations of religious fanatics,—and from the domestic quarrels and extravagances which riot in families affected with the taint of insanity, in which, perhaps, several members are in various degrees affected with mental unsoundness. From such causes of disorder the patient is brought to a place where he is surrounded by persons in a similar condition to himself; he becomes part of a system in which order prevails—in which punctuality, cleanliness, neatness and propriety are insisted upon; in which he can neither suffer from want nor from excess. He finds hundreds of other patients obeying orders, and with the instinct of imitation he does the same. He is absorbed into the mass of patients, and his peculiarities become less glaring to others, and less cherished by himself. He finds himself part of a disciplined establishment; the discipline of which, however, is not

stern, like that of a prison, nor formal and alternating with license, like that of a barrack; but cheerful and constant: and after more or less of resistance on behalf of his individual and peculiar will, he seldom fails to fall into habits of order and industry, and, eventually, of self-control—habits which tend, by continuance, to become permanent; and which, when permanent, enable the subject of them to resume his place as a free agent among his fellow-men.”

III. *Appendix to the Annual Report of the Royal Edinburgh Asylum for the Insane, for the year 1854.*

This appendix contains the tabulated results of Dr. Skae's pathological investigations during the year 1854, and, as in previous years, is a most valuable contribution to our knowledge of this wide-spread but only partially explored field. It is full of interest; but, hoping to be able, in an early number of the Journal, to present a *resumé* of the progress thus far made in the study of cerebral pathology, we must leave the subject for the present.

REPORTS OF AMERICAN ASYLUMS.

I. *Report of the Trustees of the State Lunatic Hospital at Taunton, for the year ending November 30th, 1854. Boston, Mass., 1855.*

The new State Lunatic Hospital at Taunton, a brief description of which appeared in a recent number of the Journal, was opened for the reception of patients in April, 1854, under the charge of Dr. George C. S. Choate.

In accordance with an act of the Legislature of Massachusetts, passed May 24th, 1851, three commissioners were appointed to “select an eligible site, erect thereon an asylum building suitable for the care and cure of two hundred and fifty patients, with accommodations for the superintendent, steward and subordinate officers.” The first appropriation was one hundred thousand dollars, and other sums were subsequently added, amounting, with a few thousands subscribed by the citizens of Taunton, to about two hundred thousand dollars. With these means the Commissioners erected and placed in the hands of the Trustees, Feb. 2nd, 1854, “a handsome, well-built structure, *in the main* well adapted to the purposes for which it was designed.”

But, say the Trustees, in their report, “in one respect we have deemed it advisable to make a material change. As originally constructed, there were forty-two rooms designed for the reception of violent and filthy patients. These rooms were built of stone, and brick and iron,

and were finished throughout with a view chiefly to strength. The walls were of brick, sixteen inches thick, and were whitewashed on the brick. They were placed along the centre of the wing which was devoted to them, having a narrow passage-way before and behind, and consequently having no windows opening to the outer air, and few of them any view but the same gloomy white prison walls. A small opening in the rear of each cell, guarded by strong iron bars, answered for a window; the doors were narrow, and made of the same material, each provided with two ponderous and formidable-looking locks. By the side of the door was a small aperture, just large enough to pass in food. The floors in the two upper stories were of wood. In those in the lower story, which were designed, probably, for filthy patients and such as should refuse to wear clothing, they were of stone, made sloping, and terminating in front of the cells in a stone gutter, for the convenience of washing them out. The stones also were heated, to afford warmth to the naked inmates who were expected to rest upon them. The whole were gloomy, prison-like and repulsive."

On turning over to Dr. Choate's report, we find, with great pleasure, that, at an early period after the opening of the hospital, the Board determined upon the removal of these rooms, "the use of which," he remarks, "in the manner in which they were designed to be used, (as permanent abodes of lunatics,) would have been a disgrace to any institution. This removal was accordingly accomplished, and in their place were erected thirty-two pleasant rooms, each having a window opening to the external air. These rooms are now among the most cheerful and desirable in the house."

And what has been its practical working? Unlike any other institution, at home or abroad, we find this asylum, within *eight weeks* from the reception of its first patient, filled to its utmost capacity! And yet, under circumstances trying as these, Dr. Choate, in an experience of many months, has found nothing to cause him to regret this change; and he adds, "vigilance, attention and kindness are stronger than walls of stone or bars of iron."

It is painful to us to make this allusion, but it is forced upon us, not only by our duty to our readers, but more particularly to that unfortunate class for whom these institutions were established. An esteemed correspondent, who stands high in our specialty, wrote to us soon after the sixth annual convention of superintendents, at Philadelphia, as follows: "You may remember a series of propositions, relative to the construction of hospitals for the insane, were adopted with entire unanimity, and published as the deliberate conviction of that body. Regarding the proper arrangement of such buildings as of the utmost importance, and believing that the community are bound to respect (as I am disposed to think they are inclined to do) the sentiments of a

body of practical men, like the Association of Superintendents, I would beg leave to suggest, that whenever a new hospital is commenced, you should, on behalf of your brethren, on behalf of the medical profession, of the insane, and of the whole public, ask whether these propositions have been faithfully carried out."

We know not how far the Commissioners, in deciding upon the plan of the hospital at Taunton, availed themselves of the experience of those who had had the charge of similar establishments, and were practically acquainted with the details of their management. But we cannot believe that the plans and specifications of those "cells," with their unplastered walls, their "narrow doors," their "strong iron bars" and "ponderous locks," received the approval of any one who had ever had the most remote medical connection with an American asylum.

In these remarks we would not, of course, reflect upon the gentlemen who composed that commission; on the contrary, they have exhibited, in the main, an enlightened policy, and a generous devotion to the welfare of the insane, which does them great honor; but we write in the hope of averting the occurrence of another error like this, and only for those to whom such great interests are now or may be hereafter committed.

The report of Dr. Choate is an able one, and embraces many interesting facts and observations which we would be pleased to notice, did our limits permit.

II. *Second Report of the Trustees of the Michigan State Asylum for the Insane, and for the Deaf and Dumb, and the Blind, for the years 1853 and 1854.* Lansing, Mich., 1855.

In 1848, by an act of the Legislature, the state of Michigan delegated the erection of its public institutions for the deaf and dumb, blind, and insane to one Board of Trustees. The pamphlet before us contains the report of the Principal of the school for the instruction of the deaf mutes and blind, temporarily held in a building rented for the purpose, together with the report of the Trustees in reference to the asylum buildings in process of erection. We have, in a previous number of the Journal, remarked upon the commendable policy which has governed this Board in the course they have pursued, and are pleased, in making the following extracts, to observe the enlightened views they still entertain in regard to the duties devolving upon them as almoners of the state.

We find embodied in the report a full description of the asylum building, with the modes of heating and ventilating adopted; but as we hope

hereafter to present a view of the institution, with ground plans, &c., defer for the present any reference to its architectural merits.

“Of existing institutions for the insane in the United States, that established at Trenton, New Jersey, a plan of which was submitted by the late Board, is probably the best adapted, in its general features, to the wants of this state; but the present Board came to the conclusion that none of the existing institutions combine all the improvements which are important to be adopted. It further seemed to them advisable to secure the early appointment of the Medical Superintendent, in order that the building might be erected so far under his supervision as to secure his approbation when completed. The frequent and expensive repairs of Institutions erected without such supervision led them to look upon this as a matter of the greatest economy. Many of the asylums of the United States were erected according to plans furnished by architects only, or by trustees without practical medical experience, and, when supposed to be finished, have been found so ill-arranged and defective as to call for very large additional expenditures before the building could be used.

“Acting upon these suggestions, the Board, in January last, tendered the post of Medical Superintendent of the Michigan Hospital for the Insane to Dr. John P. Gray, acting Superintendent of the New York State Asylum at Utica. The appointment was accepted by him conditionally; the condition being that a satisfactory salary should be fixed, and commence from the time he should enter upon the duties proper of Medical Superintendent and Principal, after completion of the necessary buildings for reception of patients—he agreeing, meanwhile, to devote so much of his time and attention to the buildings and fixtures as should be important. All the plans have been submitted to Dr. Gray, with whom an active correspondence has been had, and he has several times visited the state in furtherance of the interests in view. The plans which, under his valuable suggestions, were adopted, have been put into the hands of A. Jordan, Esq., architect at Detroit, for the proper architectural details, and will be presented to the Legislature for inspection and approval, together with drawings of the elevation. It is confidently believed that no institution of the kind, in any country, better combines all the necessary accommodations and conveniences, with economy of construction, which the science and skill of modern times have suggested.

“In order that the plans which we submit may be better appreciated, the Board deem it appropriate to refer to a series of propositions, relative to the construction and arrangement of hospitals for the insane, which were unanimously adopted by the ‘Association of Medical Superintendents of American Institutions for the Insane,’ at a meeting held in Philadelphia, May, 1851, and which are appended to this report.

“The principles laid down in those ‘propositions’ are fully carried out in the plans adopted, with the addition, it is believed, of some important improvements. No pains have been spared, either by the Board or by Dr. Gray, in arriving at the most just conclusions; and although this has occasioned some delay and expense, it is believed no course could have been so judicious.”

The erection of the centre building was commenced as early in the spring as was practicable, and diligently proceeded with until the means were exhausted. The walls of the basement and of the first and second stories of the centre building were completed, and about four feet of the third story, when the work was brought to a stop early in September.

In urging upon the Legislature the claims of this afflicted class, the Board use the following language :

“It should be borne in mind that an institution for the insane is not one of custody merely, but of *cure*. Insanity is a disease as curable as any other acute disease of equal severity, if taken in its early stages. Under the modern enlightened system of management, by far the larger number of cases, under such circumstances, are recoverable. The statistics of asylums in the United States show, that of recent cases, from eighty to ninety-per cent. are discharged, cured, or greatly improved; of chronic cases about thirty per cent. Few of these cases, probably, would have been cured, had the patients been subjected to the old methods of confinement, or even the ordinary treatment of friends and of physicians out of a curative asylum. When, therefore, we consider the fearful nature of this disease, and its results, if suffered to pass without the treatment necessary for restoration, and the number of cases which are of recent origin in our population, it seems the part of a wise and humane state policy, and one of the noblest of all public charities, to make the most ample provision possible for all her unfortunate insane. No facility should be left unapplied, nor expense spared, which is known to be conducive to so important an end.

“It appears by the returns of the late census, that there are four hundred and twenty-six insane or idiotic persons reported in this state. As such returns are known to be generally below the mark, it may be safely assumed that there is one insane person for every one thousand of population. Some of the states have one to every six hundred; others one to every fifteen hundred. This calculation would make the number of insane in this state to be not less than five hundred. The greater part of these are undoubtedly proper subjects of state care, and of cure, neither age nor social position interposing any bar.

“It will thus be seen that, if the asylum were now completed, it would still be inadequate to the wants of the state. How many of these unfortunates would be brought to the state institution we have no means of knowing, but that every ward would soon be filled we have good reason to suppose. Many insane from this state are now in the care of institutions in other states; and many more would be under such care, if it were possible to obtain it. But these institutions are everywhere full, and in some of them no amount of compensation will procure admission for a patient out of the state in which they are situated. The demand, then, is most urgent to carry on and complete the Asylum without delay.

“We esteem it to be the duty, as well as interest, of the state to make the most immediate and ample provision in its power for all its insane who are not in a condition to reside in private families, without distinction of nativity or social position. No insane person should be

left to the care of a county house for paupers, still less of a jail, as is the case with many at present. No good results to such; for the treatment they are likely to meet with in such places, and the moral effect upon themselves, as well as those with whom they come in contact in such situations, is as bad as can well be imagined.

“Placed under favorable circumstances for recovery, a case often ceases, in a few months, to be a public charge, that otherwise would be one for life. The want of this early and judicious treatment fills our county houses with the incurable insane. The object of asylums is defeated by the want of the proper facilities for treatment. It is a mistaken political economy which cheapens the ingredients of moral medicine, when success depends upon the quality. It may be laid down as a principle, that there is no such thing as a just and proper curative or ameliorating treatment of the insane in cheaply constructed and cheaply managed institutions. The simple erection of a building would be a small matter. The erection of an institution which, in every part of its structure, looks to the cure of this worst of human maladies, is of very great importance, and can neither be very cheaply nor easily accomplished.

“The Trustees further request the attention of the Legislature to the law which limits the compensation of the superintendent to eight hundred dollars. This salary is far too small to secure the services of a superintendent who is really qualified, by superior medical knowledge, and by those high acquirements and qualities which so important a position demands. He is not only the chief physician, but the chief manager of the institution. Few possess these varied qualities, and these few can always command the highest price for their services. It is not too much to say, that the success of the institution, in a very great degree, depends upon the medical superintendent—as that of a school upon its teacher. Similar institutions elsewhere pay their superintendents salaries of from fifteen hundred dollars to four thousand dollars per annum. We can hardly hope to secure the best talent and services short of, at least, the medium price paid elsewhere—say two thousand dollars per annum. The Board recommend, in regard to all our asylums, and the employees attached to them, the most liberal policy, as the best and the cheapest. That parsimony cannot be too strongly objected to which diminishes the pay of those to whom such important trusts are committed, to the loss of the best services, and the diminution of the influence and success of the state institutions.

“The State of Michigan, though a child in age, is not one in its resources. Build, then, asylums for its manhood. So build them that they may be handed down to posterity, not as pauper houses, but as hospitals and asylums, fitted with all that experience has devised, for the care and cure of all its unfortunate children. Let a just state pride urge us to make the very best provision for our insane, and our deaf, dumb and blind, that can be procured with the aid of modern science and experience. Such institutions, the Board believe, the state will have, if these suggestions are met in such a spirit of benevolent liberality as will enable us to complete the structures designed, according to the plans. For this purpose the trustees unanimously ask from the state an appropriation of one hundred and seventy-five thousand dollars, for continuing and completing the Asylum for the Insane, and one hundred thousand dollars for buildings and other necessary expenses of the Institution for the Deaf Mutes and the Blind.”

III. *Report of the Superintendent of the Lunatic Asylum of North Carolina to the Board of Commissioners, November, 1854. Raleigh, 1854.*

It is now several years since the first steps were taken by the state of North Carolina to provide an asylum for the care and treatment of its insane. The foundation walls were laid in 1850, and by the present report we learn that another year, at least, must elapse before its completion. The Board of Commissioners availed themselves of the experience of Dr. Edward C. Fisher, formerly connected with the Western Asylum, in Virginia, and appointed him to the superintendency, Sept. 1st, 1853. The report before us is principally from his pen, and is confined to a detail of the progress thus far made in the erection of the asylum buildings, the various plans adopted for warming, ventilating and lighting, and closes with an earnest exposition of the wants of the insane, and the urgent necessity of opening the institution for the reception of patients as soon as possible. North Carolina has now over five hundred insane within her limits; and, remarks Dr. Fisher, "there is too much reason to fear, judging from facts which are made known by others, that a recital of the actual condition of many would form a history, the sad details of which would cause a thrill of pain to the heart of the humane. Of the indigent insane now in the state, some are occupying cells in the jails of their respective counties, others at the respective poor-houses, while others (and we would hope but very few such) are confined within such limits and under such shelters as would seem alone fit for untamed beasts. That such a state of things should exist no longer than can be avoided, the universal sentiment and sympathies of the community at large will attest; and while a retrospect of the past, with a due consideration of the present wants of many, excites a painful emotion, it will doubtless have the important effect of causing a speedy accomplishment of the undertaking on the part of the state, and one which, we trust, is destined to bring so much of gladness to many now desolate hearts."

Dr. Fisher proposes, at some future time, when the whole work shall have been completed, to give a detailed description of the institution.

S U M M A R Y .

NEW LUNATIC ASYLUM IN MASSACHUSETTS.—The report of the Commissioners on Lunacy in Massachusetts, of which we elsewhere present a careful analysis, was referred to the Joint Standing Committee, of the House of Representatives, on Charitable Institutions. After consideration the Committee reported a bill authorizing the Governor to appoint a board of three Commissioners, to purchase an eligible site within one of the four western counties of the commonwealth, and cause to be erected thereon a suitable hospital for the care and cure of the insane—the accommodations of such hospital to be sufficient for two hundred or two hundred and fifty patients, a superintendent and steward, with their families, and all necessary subordinate officers, attendants and assistants. The aggregate amount of expenses and liabilities incurred by the Commissioners not to exceed two hundred thousand dollars.

We have not been informed who were named upon the Commission, but learn, from a source we deem reliable, that Northampton has been chosen as the site of the new institution.

The promptitude with which the state of Massachusetts, when once convinced of the impropriety of retaining her insane in poor-houses and receptacles, has responded to the call for more extended hospital provision is most commendable, and in pleasing contrast with the tardiness unhappily exhibited elsewhere. Within five years after the passage of the act authorizing its erection, we find the Second State Hospital at Taunton built, and in successful operation; and the same degree of energy seems to characterize the acts of the Commissioners who have in charge the erection of the third.

FURTHER PROVISION FOR THE INSANE OF NEW YORK.—The Superintendents of the Poor of the State of New York, pursuant to a previous call, met in convention at Utica, August 14th, 1855. One of the prominent objects of this convention was to take into consideration the present insufficient provision for the insane of the state, and to decide upon some course the exigency might seem to require. For several years in succession bills have been introduced before the state Legislature, authorizing the erection of an additional institution for the care

and treatment of the insane, and most favorably considered, but side issues, arising in regard to location or some other extraneous interest, have each year defeated their passage.

The Asylum at Utica—the only state institution in New York—has been for a long while crowded beyond its capacity, annually refusing from one to two hundred applications, and only receiving a portion of recent and urgent cases, by the removal of older and less promising patients to their friends, or to the poor-houses of the respective counties from which they were originally sent. The institutions of neighboring states have been able to receive a few of the wealthier class of patients, but they are now full also, and unable to afford even this slight relief.

The immediate necessity of one or more asylums for the insane is now almost universally conceded throughout the state, and the public are now beginning to perceive how impolitic it is, from a most mistaken idea of economy, to crowd the insane, by neglecting to provide asylum treatment, into hopeless incurability, and thus burden themselves with their life-long maintenance.

This is not the occasion to discuss the wants of the insane of the state, nor the question of mode and extent of the further provision which may be required; and we refer to the action of this Board of Superintendents of the Poor as a most pleasing evidence of the more enlightened and humane views which are gradually gaining possession of the public mind.

The following resolutions were, after discussion, unanimously adopted :

“Whereas, it is already conceded, and has been adopted as the policy of this state, that insanity is a disease, requiring in all its forms and stages special means for treatment and care, therefore :

“*Resolved*, That the state should make ample and suitable provision for all its insane, not in a condition to reside in private families.

“*Resolved*, That no insane person should be treated, or in any way taken care of, in any county poor or alms-house, or other receptacle provided for, and in which paupers are maintained or supported.

“*Resolved*, That a proper classification is an indispensable element in the treatment of the insane, which can only be secured in establishments constructed with a special view to their treatment.

“*Resolved*, That insane persons considered curable, and those supposed incurable, should not be provided for in separate establishments.”

It was subsequently resolved, “that a committee of five be appointed to consider and report on lunacy and lunatic asylums in their relation to pauperism.” Messrs. Jones, of Oneida, Chubbuck, of Broome, Jermain, of Niagara, Brown, of Orleans, and Kenyon, of Chenango, were named as such committee.

At an adjourned meeting of the Convention, held at Syracuse, Sept. 25th, Mr. Jones, of Oneida, Chairman of the Committee on Lunacy and Lunatic Asylums, announced that the Committee had endeavored to prepare a full report upon the subject submitted to them, but that the short time which had elapsed since their appointment had not enabled them to procure all the statistics they desired. From the data attainable, however, the Committee, in conclusion, reported :

“1st, That the present provision for the insane is entirely defective and inadequate.

“2d, That their condition demands immediate attention and relief.

“3d, That this relief should be commensurate with the demand.

“4th, They recommend this additional resolution :

“*Resolved*, That a committee of five be appointed to memorialize the Legislature, at the ensuing session, on the subject of the insane paupers of the state, and recommend speedy action, so as to insure attention to the wants of this class of our fellow-citizens.”

WESTERN LUNATIC ASYLUM, HOPKINSVILLE, KY.—This institution, the second for the care and cure of the insane erected by the state of Kentucky, was opened for the reception of patients, Nov. 1st, 1854, and has already received over one hundred. Samuel Annan, M. D., a prominent member of the profession at the west, is the Medical Superintendent.

HONORARY DEGREES.—At the recent commencement at Amherst College, the honorary degree of LL. D. was conferred upon Dr. Luther V. Bell, the distinguished physician to the McLean Asylum, Somerville, Mass.

Yale College has recently conferred the honorary degree of Master of Arts upon Hon. Chas. H. Stedman, M. D., formerly Superintendent of the Boston Lunatic Hospital.

APPOINTMENTS, RESIGNATIONS, &c.—Dr. George Cook, formerly connected with the New York State Lunatic Asylum, has recently taken the medical charge of Brigham Hall, a private establishment for the insane, at Canandaigua, N. Y.

Dr. John R. Allen, formerly Superintendent of the State Lunatic Asylum, at Lexington, Ky., has been appointed Professor of Obstetrics and Diseases of Women and Children, in the Medical Department of the University of Missouri.

Dr. N. D. Benedict, late Superintendent of the New York State Lunatic Asylum, is to have the medical care of a *sanitarium* for affections of the throat and lungs, soon to go into operation at Magnolia, East Florida.

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ARTICLE I.

INSANITY AND HOMICIDE.

BY DR. RAY, SUPERINTENDENT OF THE BUTLER HOSPITAL,
PROVIDENCE, R. I.

In August last I was requested by the Attorney-General to hear the evidence which he presented to the grand jury, touching a homicide committed by a young man, in a neighboring town. From this evidence and my own personal observations, I have compiled the following history of this interesting case.

THE PARTIES.

C. A. and V. A. were cousins, the sons of respectable, thriving farmers who had always lived in the same neighborhood, and were, respectively, twenty-three and twenty-five years old. They had been very intimate and fond of each other from childhood, and had the reputation of being remarkably correct and amiable young men. They had been at the mines in California, and while there had lived together much of the time. V. came home in the spring of 1855, and shortly after, became a merchant's clerk in Boston. C. came home on the 9th of June, 1855, and resided in his father's family.

INCIDENTS OF THE HOMICIDE.

On the 13th of August, V. came to his uncle's house on a friendly call, between nine and ten o'clock, and after conversing with some of the family, went into the corn-crib where he met C. Shortly after, he was

seen walking away from the crib, and when a few rods from it, he was struck down mortally wounded by a shot fired from the window of the crib, by C., and died about twelve hours afterwards. This was the second time the cousins had met since their return from California.

CONDUCT OF THE PRISONER ON THE OCCASION.

While they were raising the wounded man, C. came out of the crib, passed by them and went towards the house, but said nothing and offered no assistance. He soon went to his room as usual. To the question repeatedly put to him, why he had killed his cousin, he gave no other reply than to say that "they had had no difference." The gun had been kept in the crib, and was not carried there by him. During the two days that elapsed between the act and his arrest, he appeared as usual, and though strongly urged to fly by those who were not aware of his real condition, he showed no desire to go. When taken by the officer, he made no resistance nor objection, but wept a little. This was the first time he had shown any emotion. When questioned by the officer, he said that the act was accidental,—that he put on a cap to try the gun, and it accidentally went off. V., during the few hours that he lived, said repeatedly that he could conceive no reason why C. should have shot him,—that they had always been on good terms, and that nothing passed between them while in the crib, calculated to irritate him. He merely asked C. if he had been to see the girls.

CONDITION OF C. BETWEEN THE 9TH OF JUNE AND 13TH OF AUGUST.

On his return from California in June, his family and others observed a notable change in his appearance and demeanor. Though naturally cheerful and lively, interested in his friends and fond of society, he had now become shy and taciturn, avoiding his friends, and evincing no interest in any person or thing. The most of his time he spent in his room alone, occasionally going out to fish, or to work on the farm, and once or twice he visited a neighbor. He seldom came down to see persons who called on him, and when, out of doors, he observed any one approaching, he would avoid him. He refused to see an old acquaintance who called three times, and his own relatives he treated in the same manner. A married sister and her husband, neither of whom he had seen since his return, visited the family, and he scarcely spoke to them during the six days they staid. In order to see him at all, they were obliged to go to his room. All the witnesses who had previously known him, as well as some who had not, stated that they

thought him, at that time, strange and singular. Some of them, in fact, expressed their apprehension that he was losing his reason.

He kept his bed much of the time, and was often heard at night, pacing his room; had, at first, some diarrhœa, perspired much, and complained of headache. He refused to take medicine.

CONDITION IN CALIFORNIA.

From the few witnesses who had known him in California, it was impossible to gather a complete account of his mental condition while there. None of them had much communication with him, and they could give only a few facts that incidentally came under their notice. One witness stated that the change in his manner began to be exhibited during the summer of 1854. He became silent, secluded himself from company, worked irregularly, and spent much of his time in bed. Witness accompanied him in the journey home from California, and represented him as manifesting no interest nor forethought in the arrangements. When they reached Sacramento he seemed bewildered, and had to be directed at every step. Witness bought the tickets. On board the boat he kept aloof from everybody, and when spoken to, he got up and moved off. While at San Francisco, he showed no wish to go out of the house, and did not call upon an uncle living there. Here, too, the witness had to buy his ticket, as well as at Panama. Through the whole journey he was silent and indifferent about every thing. After having arrived at New York, and engaged their passage in one of the Fall River boats, they proceeded to a clothing-store to obtain such articles as they needed. While there C. was suddenly missing, and the witness, being unable to find him, went home alone. A few days afterwards, C. made his appearance at his father's house, and subsequently told the witness, when inquired of about this affair, that he had got lost. Witness was told by another man that C. asked him if he had heard V. say anything about a girl, and, at the same time, said that he (C.) heard folks say, as they went by, that he had fallen in love with a girl, who died in consequence. This same man also stated to witness that C. would sometimes talk to himself about this affair. Another witness testified that once he went to his cabin to spend an evening with him and his companions. C. soon went out and staid outside all the time he was there. Had heard other people speak of his peculiarities.

On the morning of the inquisition before the grand jury, I visited the prisoner in the county jail. I found him a stout, strongly-built young man, with a ruddy face, and having, at first glance, the aspect

of high health. I soon observed that he averted his eye, and that his countenance had a dull, vacant look. He sat down before me, bending forward, with his arms on his knees, and his eyes turned to the floor. I put to him various questions, beginning with ordinary topics, and ending with his health, his relations to others, his feelings to his friends and relatives, and his motives in killing his cousin. In no instance did he reply without a long delay, and when the answer came it was very brief, and, for the most part, very indefinite. To many of my questions I got no reply at all. When asked if his friends or anybody else had worried him in any way, he replied that they had not. After the question had been repeatedly put in different forms, he finally admitted that they had "talked about him." "When they went by my cabin they said, 'What do you make out of this fellow?'" This was all I could get out of him on that point. When questioned about the homicide, he replied that it was accidental, but offered no explanation. At the beginning of the interview the pulse was 110, but before I went out it fell to 100. He was perspiring very freely, though the weather was not hot.

Having heard the evidence, I testified that, in my opinion, the prisoner was insane when he committed the homicidal act. The grand jury did not indict him, and the next day his friends brought him to this institution. When they took him from jail, he made no inquiries as to where he was going, expressed no wish of any kind, walked through the streets without the least interest in anything he saw, and came to the hospital without a single remark about it.

CONDITION IN THE HOSPITAL.

Here his deportment has been uniformly correct, and his manners gentle and gentlemanly, though very quiet and retiring. He manifests the same reluctance to converse, and seldom speaks, except in reply to questions, and then only after a long pause. He spends much of his time in reading books, which he selects himself from the library, but until lately has showed no interest in the news of the day. At first he kept himself aloof from other patients, but, after a week or two, he would join them in a game of cards or draughts. He frequently goes out to work on the farm, but, of late, has declined going, unless in company with a gallery-attendant, instead of a farm-laborer. When out he is very diligent and does his work well. The Sunday services, and lectures at other times, he constantly attends, though he declined at first. During the first ten weeks he saw no one whom he had ever seen before, and made no mention whatever of his family or friends.

At the end of that period he was visited by some of the family—his father, mother, uncle and aunt. He shook hands with them all, but asked no questions, and manifested no interest in what was told him.

Twice only have I conversed with him respecting his mental experience and the motives of his conduct. He spoke with great reluctance, pausing long before replying to my inquiries, and declaring, rather emphatically, that he did not wish to converse on the subject, as it was very painful to him. In the first interview I endeavored to ascertain the range which his suspicions had taken. After a tedious questioning, I obtained nothing more than the admission, without any explanations, that his parents had not treated him exactly right. At the second interview, after some inquiries which led to nothing, the following questions and answers passed between us. Having first assured him that the only object I had in view was his own welfare, which I represented as being deeply concerned in my knowing the truth, I presented other considerations to the same effect, which need not be stated.

Q.—Was the shooting your cousin accidental, as you once told me it was?

A.—It was not accidental.

Q.—Had you thought of doing it previous to that interview in the corn-crib?

A.—No.

Q.—Were there any differences between you? did he annoy you in any way? It is said you lived happily together in California.

A.—There was something.

Q.—When did it occur?

A.—[After a long pause]—Seven or eight years ago.

Q.—What was it about?

[No reply; countenance flushed; much agitated.]

Q.—Was there a young lady in the case?

A.—Yes.

To all further inquiries on this point, he steadily refused to reply.

OBSERVATIONS.

Had this case occurred in the ordinary manner, and unaccompanied by any homicidal act, no one, with a professional knowledge of the subject, would have hesitated to regard it as one of unquestionable insanity. Of all the indications of this disease, he manifested the strongest,—a striking change of manners, habits, conduct and appearance, without any sufficient cause. When, in connexion with this

trait, we consider the loss of all interest in his friends and customary pursuits, his unconcern respecting things which once would have concerned him deeply, his quitting work and lying in bed, though without any bodily ailment, his taciturnity and avoidance of his friends, his dull and vacant look,—considering all these, the existence of the disease seems to be beyond a reasonable doubt. How far this view of the case is affected by the homicidal act, is a point not quite so clear. That an insane man should commit such an act, certainly is not very strange, but we must be satisfied that the circumstances of the act do not militate against the supposition of insanity. If the prisoner had acknowledged the act, and given some reason for it drawn from his delusions, it would justly have been regarded as confirmatory proof of the disease. On the contrary, he denied at first that the act was intentional. It is not usual, certainly, for the insane to deny their bloody deeds. Acts of petty mischief perpetrated in their calmer moments, they will frequently ignore, and with some ingenuity, perhaps; but when urged on to some fearful deed by that overpowering sense of its necessity which springs from strong delusion, they acknowledge and justify what they have done. If the prisoner had shot his cousin under the belief that he was one of those who had annoyed him in some way or other, we should have expected that he would instantly and openly declare, “I killed him designedly, and he richly deserved his fate. I am satisfied.” Supposing, therefore, his subsequent admission to be true—that the shooting was really intentional—it is a question of much importance, whether the first statement is compatible with the existence of insanity. After a careful consideration of all the circumstances of the case, I cannot see in this fact a sufficient reason for doubting the correctness of my opinion respecting the prisoner’s mental condition. It is probable that he was governed by a sudden mental movement, more or less directly connected with his delusions, for it is obvious that the act was not premeditated. The sight of his cousin, while his mind was harrassed with suspicions and apprehensions, called up some old passages between them which, probably, had never raised an unkind feeling in the heart of either; but then, by a confusion of ideas not uncommon with the insane, they led him to associate his cousin with those who were disturbing his peace and destroying his comfort. The means and opportunity concurring at that moment, he obeyed the impulse thus suddenly produced, to sacrifice a persecutor. Now, it is well known that when an impulse of this kind has passed off, and the person has become conscious of the havoc he has committed, it sometimes happens that he is ashamed of,

and frightened at the consequences of his conduct, and, under the influence of those feelings, endeavors to conceal it, and, perhaps, takes to flight. His mind was not so far deranged—after the violence of the homicidal paroxysm had subsided—as to prevent him from seeing and appreciating the legal consequences of the act, though even these could not arouse him from his habitual listlessness, and inspire him with the requisite energy for avoiding them. He did, therefore, what was consistent with his apprehensions and the temper of his mind,—he denied that the act was intentional, and passively waited for the result. When, subsequently, he found there was nothing to gain or to lose by telling the truth, he admitted that the act was intentional, and assigned a very inadequate motive for his conduct,—a motive which, under the circumstances, is clearly indicative of insanity.

It may possibly be regarded as a suspicious circumstance, that his victim had become obnoxious to him, not by being associated with those who were embittering his existence, but by reason of an old event which, probably, had long since ceased to excite any hard feeling whatever. Usually, no doubt, the maniac seeks for the objects of his vengeance among those whom he believes to be engaged in machinations destructive of his present peace. Actual occurrences make less impression upon his mind than the images that crowd upon his dis-tempered fancy, and a real enemy excites less emotion than one of his imaginary tormentors. But neither observation, nor a knowledge of the laws of association will warrant us in saying, that, in the mind of the maniac, old grudges never get mixed up with present delusions. In his readiness to mistake the subjective for the objective, he is apt to overlook the single step which separates real wrongs and annoyances from such as have only a delusive existence. We know very well that, in some forms of insanity, the patient finds his grievances among incidents and events that made no impression, apparently, at the time, and had been almost forgotten by every one else. After the lapse of weeks or months, an innocent remark, or look, or gesture is called up, and ingeniously tortured into a damning proof of hate and hostility. We may fairly suppose, therefore, that in the present case, an old love-passage suddenly obtruded its rekindled heart-burnings among the suspicions and jealousies that agitated the distracted mind, and thus prompted the fatal deed.

Had the case gone to trial, this old affair would probably have been presented as furnishing a rational motive for the criminal act, and thus invalidating the plea of insanity as a ground of defence. Leaving out of view all the positive indications of the disease, it would be sufficient

to say, in regard to this point, that the subsequent intimacy between the parties, and the declarations of the dying man, show that the wound had been healed, if it had really existed. However suspicious this denial of the intention may seem to those not much acquainted with insanity, it will be regarded in a very different light, I think, by all who have had the opportunity of witnessing, on a large scale, the operations of the insane mind. Difficulties like this are not uncommon in cases which are subjected to judicial investigation. Not unfrequently the medical jurist is puzzled by some particular incident or trait, apparently adverse to the general conclusion which is warranted by all the other phenomena of the case. It only shows how multiform is nature, even in its wanderings, and how feeble are our conceptions of its infinite variety.

ARTICLE II.

TRIAL OF WILLARD CLARK, INDICTED FOR THE MURDER OF RICHARD W. WIGHT, BEFORE THE SUPERIOR COURT OF CONNECTICUT, HELD AT NEW HAVEN, SEPT. 17, 1855.

From the published report of this trial, prepared by H. H. McFarland, assisted by the counsel for the State and Defense, we are enabled to present to our readers an abstract of this interesting case.

THE MURDER.

About seven o'clock in the evening of Saturday, the 28th day of April, 1855, Willard Clark called at the house of Mr. John Bogart, entered by the front door, and proceeded to the back room, where Mr. Wight, Mrs. Wight, her mother (Mrs. Bogart), and a daughter were sitting at tea. Clark bid them good evening, and in about ten minutes the party proceeded to the front parlor, followed by Clark, who began to walk the room, back and forth. Mrs. Bogart and her daughter having occasion to leave the room a moment, Clark went towards Wight, who was at the time stooping forward to tie a bundle, placed a pistol to his head, and fired, the ball entering the head on the right side. Clark walked calmly out of the house by the front door, and was arrested in his own store by an officer, who conducted him to prison. The pris-

oner, at the time of this arrest, appeared perfectly cool and self-collected. Mr. Wight lingered in an insensible condition until Tuesday, May 1st, when he died.

HISTORY.

The earliest account we have of the prisoner commences with his twelfth year, when he was employed by the Rev. Mr. Croswell as an "agent," with the hope that this occupation might aid him in preparing himself for the ministry, for which, it seems, his mother designed him. He continued thus employed three years. At the end of the second year he became a communicant of the church. During Mr. Croswell's acquaintance with him, he possessed a good character; his disposition was kind and amiable. With this, however, he had singular traits, was exceedingly sensitive, easily exasperated, and had periods of depression. After leaving Mr. Croswell, and being employed as a grocery clerk three and a half months, at the age of eighteen, Clark went to Chicopee, for what purpose it does not appear. Very shortly afterward an attachment was formed for a young lady, to whom he devoted much attention, so that it had the appearance of intended marriage. In April, 1847, this lady (Miss Scott) went to Maine on a visit to her friends, with the intention of soon returning. She did not return, however, and, in the latter part of the summer, intelligence was received that she was married, which produced upon the prisoner extreme depression of spirits. He was unwilling to believe in the truth of this report, and determined to go to Maine to ascertain for himself its correctness. Accordingly, in September, 1847, he reached Orono, Maine. His visit was characterized by the same depression of spirits, which now existed to such a degree that fears were entertained that he would commit suicide, or some other violent act.

The various depositions taken at Chicopee and in Maine establish the fact that this event produced a powerful impression upon the prisoner, at times unfitting him for the performance of his accustomed work. During the remainder of his residence in Chicopee he was frequently observed to weep; at night he paced his room, and acted, as the witnesses state, strange, and wild, starting up suddenly, and walking his room hurriedly and irregularly.

In the Fall of 1848 he went to reside with Mr. Parmalee, a grocer, in New Haven, who employed him as a clerk one year and a half, when Clark took possession of the store. He resided during this time in the family of Mr. P., who occupied a part of the store. From the constant, familiar intercourse existing between them, Mrs. Parmalee

speaks of him as bearing a reputation for industry, and possessing an amiable disposition. His religious convictions had, however, evidently been undergoing a great change, for he began to express opinions decidedly sceptical in their character.

After the removal of Mr. Parmalee's family from the store, Clark continued to occupy the house and store, living usually alone, cooking and preparing his own food, as well as performing other domestic duties. Of his success in business, or his manner of conducting himself at this period, we are unable, from the evidence, to form an opinion.

An occurrence took place, however, in October, 1850, which attracted attention to his mental condition. Owing a debt of \$225, he went to his creditor and requested him to attach his store, in order to secure his debt; he assigned as a reason that his brother, who assisted him in the store, must leave him,—that he feared he should have a difficulty with him unless he did, and the result would be, he should kill him. The witness who testifies in regard to this occurrence expresses the opinion that, from the sincerity of his manner, and the strangeness of his appearance, Clark was at that time insane. The conversation was a brief one, of half an hour's duration, and during a further acquaintance of six or seven years, nothing further occurred to call in question the prisoner's condition.

HEREDITARY PREDISPOSITION.

The mother of Willard Clark died when he was fifteen years of age, and, from the interest she exhibited in his religious welfare, was probably a pious woman. Of the brothers nothing is stated. The father of the prisoner was personally known to several of the witnesses. It is testified of him that he was in the habit of wandering about from place to place, was inattentive to business, and subject to paroxysms of excitement, which different observers were unable to state whether or not were connected with indulgence in drink. These paroxysms appear to have been followed by periods of depression and taciturnity.

In 1851 Clark made the acquaintance of Miss Bogart. She was then twelve years of age, attending a school in the neighborhood, in going to which she was obliged to pass Clark's store, and called in there frequently to purchase small articles for her mother.

From some peculiarity of her manner, he seemed, at this early age, to have formed an attachment for her, which appears to have been reciprocated, and in 1852 an agreement of marriage was entered into. The testimony of Mrs. Wight is of sufficient interest to justify its insertion in her own language. In her cross-examination by the coun-

sel for the defense she states : " I was fourteen years old when I left school. It was in 1851. I knew Clark when I was twelve years old ; had seen him frequently before that. It was not very often that I went into his store on errands. He first began to show me attentions that attracted my observation in 1852. He had shown me politeness before. He had called me into his store before this, sometimes when I was going to school. I never thought, previous to 1852, he had an attachment for me. Previous to 1852, he used to call with things occasionally, purchased at his store. During the summer of 1852 he avowed his attachment to me. He commenced waiting on me 4th July, 1852. I went to Waterbury, a day or two after the 4th, with Miss Barrows. I staid one week. Returned with Mr. Clark. He came up after me and remained one night. He said that he had business that way, and he would come and see me. He brought me home in the cars. Previous to this time he had said nothing of an attachment for me. During this time he wanted me to talk with him. It was at Waterbury. He wanted me to talk with him about an attachment. I told him I would not. I don't recollect whether he proposed marriage then. I declined to talk with him on the subject of marriage. I told him I should not talk with him. In the course of the summer Mr. Clark renewed his conversation on this subject. I told him I would ask mother. I did ask my mother. She said she had no objections, if he loved me well enough, had a good character, and could support me as a man ought to support a wife. At the next interview I told him what mother said, and entered into an engagement of marriage."

In July, 1852, Mr. Wight came to live with his brother-in-law, Mr. Wilson, who occupied the same house with Mr. Bogart's family. An intimacy soon commenced with Mrs. Bogart's daughter. Mr. Wight was on friendly terms with Clark, and the attention paid Miss Bogart was by his permission. Clark continued his intimacy, and by various presents—such as an accordeon, locket, bracelet, and other little things—and by providing a dancing and music-master, showed the sincerity of his affection. The conduct of Clark towards Miss B. seems, in the mean time, to have been undergoing some change, so that in May, 1853, she began to exhibit a repugnance to his society, often refusing to see him when he called, and, while in the room with him, showed a disinclination to converse. Remonstrating with her upon this, he occasionally asked if Wight called. He was answered that he did.

Mrs. Wight alleges that the immediate occasion of breaking the engagement of marriage, which occurred Jan. 1st, 1854, was the possession by Clark of printed verses of an improper character, which he afterwards presented to her, and the attempt, on his part, to take im-

proper liberties with her. A refusal, on her part, to submit to this resulted, at the time, in a threat of violence. Of her determination to release herself from the engagement of marriage she, on several occasions, informed Clark, as well as of her loss of affection for him. She testifies that "soon after the engagement was entered into, Clark was rather fretful sometimes. It was some time before the engagement was broken off that I made up my mind to break it. I did tell him that I had no affection for him, some time before the engagement was broken. He insisted, on these occasions, that I loved him, and told me I must love him. Once, when I was walking with Clark, he was fretful because I didn't keep step with him."

The intimacy with Mr. Wight gradually increasing, resulted in an engagement of marriage, which was consummated March 12th, 1855.

THE INSANITY OF WILLARD CLARK.

Forty-five witnesses were called to testify concerning the prisoner's mental condition during the winter of 1854-5. The opportunities they had of observing him were various, the majority of them being his customers, and their acquaintance limited. Twenty-one noticed a change in Clark's condition, while seventeen, possessing equal facilities of observation, noticed nothing of special importance.

Mrs. Ann Hull sworn.—"I know Willard Clark; have ever since he had business in that store, and partially before. I noticed a change in him in November last. He was peculiar. I didn't like to trade there; have not much, but have occasionally. I could seldom find him in the store; he would be shut up in the office, and I would have to call him. He would not always speak. When I asked him he would stare; sometimes I would leave the store without having any answer. Always got what I wanted. Left trading there because his appearance was changed. I changed trading there 17th November. After that, traded a quarter as much as we should have done. He would look vacantly and then laugh silly; so I seldom went in there. It was during the winter that I first noticed this smile. During the winter I went in there perhaps once a week."

Cross-examined by Mr. Foster.—"Saw Clark, after November, perhaps once a week or once in two weeks, to speak with him. In November he was changed. I could not account for it. I thought a great deal of the change. I could not account for it; told my family that we must not go there any more than we could help. There was nothing in his change of appearance that could not be accounted for by a change in habits, perhaps with regard to drinking liquors. He did not appear to be interested in his business. I often

stated these things to my husband. I can't say when I first noticed this silly laugh. I repeated to my husband several times before November that a strange change had come over him, and it was painful to go there. I did not know as he always charged all the things we had. I might not have mentioned the silly laugh until after he was in jail. I mentioned it to my family. I probably mentioned it to others, can't tell to whom. I won't say that it did not occur to me that there had not been a change in his habits."

By Mr. Harrison.—"I saw nothing in his appearance that indicated that he had been drinking. His appearance would not have been accounted for, to my mind, by the supposition that he had been drinking."

By Mr. Foster.—"I never made this change of appearances a subject of conversation with Clark. I suggested to him that he should brush up there. I never told him I should leave there if he did not change things."

Samuel Short sworn.—"Have known Willard Clark fifteen years. Have traded with him lately. I have noticed things strange about him; it was, at first, in January. I would go in and ask for a thing, and he would not get it. I mentioned it to some one, and asked what was the matter of him. I noticed this along through February. In March his eyes began to be glassy in the morning; seemed so to me. I always considered him a nice, honest young man."

Cross-examined.—"The first strange thing I noticed about him was absent-mindedness; the other peculiarity was his glassy eyes."

Mrs. Mary Woodward.—"Have known Willard Clark about four years. Have traded there daily. Have noticed, through the past winter, that he has been unusually abstracted, and neglected his business, and has played on musical instruments when there were a half-dozen customers waiting in his store. Once he was in his room, and at another time in his store. I have asked him for articles; he would stare at me with a wild countenance, take up one thing and lay it down, and take up another, until I had twice called his attention to what I had come after. This was through the winter. I was in the store, and, instead of getting what I wanted, he looked at me with an unpleasantly wild countenance."

Cross-examined.—"Noticed the particular change in the spring. I first noticed any change in the course of the winter, perhaps in January; this was a perfect inattention to his business, and abstraction. Then there was a change to wildness; this was shown by his eyes and a vacant look; he talked from one thing to another, unconnectedly. I noticed it twice. Those are the only instances to which I could swear.

My impression is, that he often did it in the latter part of the time ; I was obliged to be there much longer than was necessary to get things. I was in the store when he played on the musical instrument ; it was a bass-viol. He put it down to serve me. I waited there ten minutes. The other time he was in his room."

Mrs. Lucy Dewey, sister of the prisoner, testified that she was with him parts of September, October, and December, 1854, and in January, 1855. "At times he appeared melancholy. I saw him several times when I thought he had been crying. I noticed the depression before the weeping. When I first went there, he slept up stairs in a back room. He changed his place, and lay on the sofa in a front room. He would not take his clothes off. I asked him why he didn't, and go to bed, he would rest so much better. He said there was no use in it, for he could not sleep if he went to bed."

On the 19th of March, Clark made a visit to Chicopee, remaining from Monday till Thursday. The weather, at the time, was inclement, yet he started without taking sufficient clothing to protect himself. While at Chicopee, his conduct immediately attracted notice. He was incoherent in conversation,—“was absent-minded,”—“wandering from one thing to another, without connection,”—“frequently laughed with himself,”—“if he was told anything, could not remember it five minutes, but asked the same questions over and over again.” He gave a gold-piece to a young lady with whom he had little previous acquaintance, and without assigning any reason. While reading a newspaper at a hotel, he suddenly threw down the paper, and strode across the room very violently several times, and then sat down, picked up the paper, and commenced to read again.

On the 22nd Clark returned to New Haven. He seemed much disturbed ; “walked up stairs crying, saying he could not remain there, and asked his sister if it would make any difference with her if he went away.” The visit to Chicopee had afforded no relief or comfort. The periods of weeping and grief seemed henceforth to increase. The laughing when alone also continued. He resumed his business, however, conducting it irregularly, very much as he had done for three months past.

During the winter, previous to the discontinuance of Clark's visits to *Mrs. Bogart's* family, he was heard to use threatening language toward *Mr. Wight*, in their presence : this was previous to the marriage ; the occasion of it was *Mr. Wight's* absenting himself from the room momentarily, when Clark remarked, “That fellow will reap his reward.” *Mr. Bogart* asked what he had done ; to which Clark replied, “He's done enough.” This occurred Jan. 1st. From this

time till Wight's marriage, Clark called at Mrs. B.'s twice ; after which he called occasionally, desiring to be considered friendly with the family. After Wight's marriage, more marked evidence of his mental condition began to present itself. On one occasion he brought to Mrs. Bogart a paper, with a request that it might be handed to Mrs. Wight. In it there were intimations that Miss Bogart had been constrained to marry Mr. Wight, to victimize her. The prominent point of the paper was, that she was living improperly with Mr. W. On another occasion Clark called at the house of Mrs. Bogart with what he called a sermon. It was addressed to no one particularly. The character of it was religious.

In conversation he expressed the opinion that Wight cared nothing for his wife, that the marriage was improper, and that she ought not to leave her mother. He claimed that Mrs. Wight loved him, yet did not attempt to reconcile the fact that while she loved him she married Mr. Wight.

Mrs. Lucy Dewey testifies that "one day he was crying, and I said, 'How can you feel so, Willard?' He said his feelings were nothing in comparison with hers (Mrs. Wight). This was in April. I told him I should think she would show it sometimes ; he said she could conceal her feelings better than he could. He said she was too proud, —that no one would know that she cared anything about him. I told him that wasn't rational. One day when he was crying and walking, in April, I said, 'How can you feel so, Willard?' He said, 'How should you feel to have your boy with a person who was going to be tyrannical over him all the days of his life?' I asked him if he thought Wight was tyrannical. He said he thought he was. I told him that was a strange idea. He didn't say anything.

"He used to come up stairs often in the daytime, sometimes in the evening, sit down and hold his head. I asked him if his head ached ; he said it did, but it was no matter. He made complaints about his head. I did not notice it until along through April. I noticed it much during April. It grew upon him. I asked him, then, if he didn't wish to live ; he said, 'What do I wish to for?'

"Three weeks before I finally went away, one evening, he came up and lay down on the sofa, and seemed to feel very wild. He shifted his head from one place to another, and rolled up his eyes. Mrs. Collins was there. She said, 'Are you sick, or are you crazy?' He didn't answer for some time, and then said, 'They are trying to roast me.' He then jumped up and ran down stairs.

"I do not know of any other cause for this grief except this girl. He spent much of the time up stairs ; he walked the room, crying.

He asked me once if I didn't know that he knew more than anybody else. I told him I was not aware of it. He went down stairs and then came up, and I asked him what he meant. He made no answer, but looked silly."

On the Tuesday before the homicide, Clark called upon Mrs. Parmelee, and conversed about the marriage. It was a mystery to him: how Wight exercised so much influence over Mrs. W., he could not understand. He said they were living together in adultery,—there was no union of spirits,—and that in the sight of God there was no marriage between them. During this visit he was much agitated.

In another conversation with Mrs. Bogart, Clark said to her that her daughter was obviously unhappy; she had more affection for him than for her husband: he spoke of improper intimacy between them as the constraining cause of marriage: he had a relief for her which he did not propose to leave to any injudicious person—that she should leave Wight and live with him.

On Saturday, the 28th of April—the day Mr. and Mrs. Wight had arranged to leave Mrs. Bogart's,—Clark called at the house of Mr. Charles Beers, between the hours of 12 M. and 1 P. M., and inquired if his son was at home. He was answered in the negative; and, on the point of turning away, when Mr. B. asking the object of his visit, Clark inquired for a pistol, to kill a starved cat about the store. On presenting both a revolving and a common pistol, he selected the latter, as being more accustomed to its use. He was furnished, also, with bullets, remarking, at the same time, that they were small, but he could make them answer by putting plenty of paper about them.

About four o'clock in the afternoon, Clark called at the house of Mr. Bogart, and inquired for the family, without having in his possession the pistol, as he himself afterward stated. Mrs. Bogart answered him that they had gone out to pay some visits, and testifies further: "He asked me if they were going to leave home that day. I told him yes, I supposed they were. He said, 'Do you want to have them go?' I said, 'Of course I would rather they should stay at home.' Mr. Clark said, 'She is young, and ought not to leave home,' and said he wanted to see her before she left home. I told him that he could not see her. He asked when they would be home. I told him I could not tell him. He said, 'I want to see the family all together before they leave.' I told him he could not. I also requested him not to come there again. I said, 'Don't come up again.' That was all that occurred in the afternoon. Between six and seven in the evening of the same day, he came in by the front door, and passed through the hall to the back room

door. He said, 'Good evening, Mrs. Bogart.' I said, 'Good evening,' and took some things that were to be packed, and carried them into the parlor. Mrs. Wight followed me, and her husband followed her. Mr. Wight said to me, 'Mother, give me half of the things; you can't put them all together.' I then gave him half the things, and he was kneeling when I left the room, tying them up. I left the room to get a cord to finish tying them. I left the front room, and went into the hall upon the stoop. I had been there a short time when I heard the report of a pistol."

He proceeded immediately to the house of Mr. Beers, handed the pistol to Mr. B., remarking that he had shot a two-legged cat. His countenance was pleasant, and he was supposed to be joking.

He was soon overtaken by an officer who observed him walking across the street into his store, where he was pursued, arrested, and afterward conducted to jail. His manner was cool and self-collected. In jail he was confined five months, awaiting his trial. During this time he was visited by several professional gentlemen, whose testimony, elicited on the trial, is of an important character.

Testimony of Rev. J. M. Garfield.—"I saw Mr. Clark in his cell. I saw him two hours, the Monday after the shooting. My object was of a religious character generally. He inquired of me if I had seen Mr. Wight. Told him I had. Asked me his condition. Told him it was thought he could not recover from his wounds. He asked in relation to the family; he asked how they bore the affliction. He said he wished to obtain the newspapers; that it was a hardship for him to be deprived of that privilege. He was afraid the editors would prejudice public sentiment in relation to the transaction. He gave me a general account of his doings on Saturday at the house; said he had been there twice. Went in the afternoon; did not find Mr. Wight and his wife at home. Went in the evening, and found them there. Described the transaction. He somewhat hesitated in saying he had intended at that time to shoot Wight. When he went there, he said, he didn't know exactly what he was about. Said it seemed to him as if there was a kind of mysterious influence over him, that led him to the transaction. He said Mr. Wight had given him serious offense. I conversed with him at different periods, sometimes more fully than at others. I reminded him that he had committed a great fault, for which he ought to repent. He said, in answer, that he didn't know as to that. I remarked, you have sent a fellow-mortal into eternity without preparation. He said, 'What of that? I don't believe in any eternity for him or any other man. If he dies, that will

be the end of him.' I said, 'You are candid to me, but you were not candid to the man of whom you borrowed the pistol.' He said, 'I did shoot a two-legged cat.' Said I, 'Do you intend to compare a fellow-mortal to a beast?' He said, 'Yes, so far as relates to his death, it will be the same.' The next day, after he had heard of the death, he expressed himself fully satisfied. He said, 'I owed him a debt, and I have paid it.' He spoke of the consequences to himself, and expressed a good deal of solicitude about the formation of public sentiment. Told him the newspapers had told the facts pretty much as he had told them. He said, he must soon get an attorney. He spoke of Mr. Harrison, and I told him I guessed he could not find another better in the city. He thought the course taken by himself, after he committed the deed, was a very judicious one; his going to his store and giving himself up, was better than to have run away. I told him he had behaved discreetly after the transaction. He expressed his satisfaction at the remark. At another time he spoke of the loneliness there.

"I have but very little to say. To tell all our conversation would take some time. Only want to say what bears on this question in my mind. Once he said, that he had abandoned the principles of his youth, and become an infidel by reading infidel books; among which were the 'Vestiges of Creation,' and some of Voltaire's works. Asked him how that suited his friends. He said that Mr. Bogart did not like it; that the young lady, Miss Bogart, didn't; that friends in the church had remonstrated with her. Said the cause of her separation from him was owing to his urging her so persistently to marry him. Said he had been indiscreet in his conduct towards her. Said he thought that though her attachment had been growing less, still her engagement to him would be a serious thing, and tend to keep her to her word.

"Said he had been injudicious in urging her so persistently to marry him. Said he couldn't remain in suspense. Wanted to bring the subject to a crisis. Said he thought that if he urged the marriage, and made it a *sine qua non*, she would marry him at once. Said he was surprised at her discharging him. Said he had made a mistake. Said he had unwisely absolved her from all her obligations, and left her perfectly free. Said he felt on this subject, after the marriage, painfully. Said he had conceived the object of going away to Massachusetts to relieve his mind on the subject, and shake it off. There he met one lady whom he thought of bringing home. Said, if he had done that he should never have committed the deed. Asked him if he had

maintained his devotion as a Christian, would he have been a murderer. No, he said, he should never have done it.

Cross-examined.—"Am in charge of St. Luke's Church, in Park Street; have been for three years past; it is a congregation of colored people, and I officiate there gratis, except when I give them something. Went to the prison to see the prisoner; went there professionally, for the purpose of administering to him in the best way I could. I mentioned to him that I had just come from Mr. Bogart's. He asked me what had transpired there; I told him I had seen the man in agony, suffering much at times. Every time I was there, *he inquired kindly about the family; did not ask about Mrs. Wight, in particular.* It was Monday forenoon I was there. What I have said here was suggested and brought to my mind by the course of this examination. I have had no word with the Counsel about this matter. I went into a religious debate with him, about his state; gave him a work—"Dr. Tyng on Christian Experience." Said he had read the 'Vestiges of Creation.' Don't know who is the author; think I have seen him; I don't want to be examined on that book. I have given no reason to anybody why I intended to be a witness in this case; did not so intend to be. I told somebody that I should have considered the prisoner's conversation as confidential, if he had received me as his spiritual adviser, but that he didn't believe in me, or my God or my Bible, or any other man's. I never kept any account of my visits. I left off going there after I had given him Dr. Tyng's book. I might have called there a dozen times. He never refused, directly, to see me as a minister; I told him that in rejecting Christianity, and being an infidel, he threw by all ministration. I thought he wanted instruction, not argument.

Dr. John S. Butler called and sworn.—"I am Superintendent of the Hartford Retreat for the Insane. Have been between twelve and thirteen years. Had charge of another institution in Massachusetts for three years previously. My attention is exclusively devoted to the Retreat for the Insane. I saw the prisoner for the first time on the fourth of August; visited him in the forenoon from ten to twelve, and in the afternoon from half-past two till four, in the prison in this city. I do not think he knew me. I did not lead him to understand, in any way, who I was. I saw him again, August 21st, from two to four o'clock, P. M. Did not see him again until I saw him in this court-room. On my first visit I requested him to tell me all about this homicide. Our conversation extended through the three and a half hours that I was with him. He said he became acquainted with this young girl in 1851; that he was very much pleased with her; she seemed unlike

other girls; he could not get near her, she would leave as he approached her, and would shun him; he became very much attached to her, and she to him; that they were engaged in 1852, when she was fourteen years old. He said, though she was very much attached to him, he could never induce her to give him the usual tokens of affection; she was very much in love with him, but too modest to say so, and would play tricks upon him; she was very apt to try hard to provoke him. This state continued for some time, till, some time afterwards, they had a quarrel, when the engagement was broken off, which he said was a source of great distress to her; she suffered more from it than he did. He then spoke of her acquaintance with Wight, and his attentions to her; that there was an intimacy between them which continued for some time. This was after the engagement was broken.

“Then he said Wight left her suddenly, without apparent reason; that, on *his* visiting her more frequently, Wight renewed his attentions; that they became engaged and were married. He said Wight was a great scoundrel, a bad, unprincipled man; that he delighted in breaking up matches, and boasted of it; that in this case he had no love for the young woman; that he wished to do her mischief; that was the whole object of his attention to Miss Bogart. He said that Wight had great power over her; that he obtained this power by the means he used to break up the engagement; that this was to seduce her, and that he had done it. He said this was very evident, but gave no reason; he said it was clear enough. Said Wight, after he had accomplished the object, then, of course, left her; that was the secret of the cessation of attention; that hearing Clark was again renewing his calls, he renewed his addresses; that, finding that he could not again deceive the young woman, he resolved to marry her, and did so, with the intention of removing her from the care of her friends, getting some one to debauch her, and then turn her on the world. I asked him how Wight could succeed while she was so much in love with him, Clark. He said he didn't understand,—it was either by drugs, or by the fact that, when the engagement was broken off, she was miserable, and flung herself away on Wight. He said Wight was a corrupt man, an unprincipled wretch. He said he couldn't understand how her love for him could be overthrown. He said Wight had a deadly hatred to this whole family. He did not give any cause, reason, or evidence, nothing but the bare assertion. Said he felt it his duty, under these circumstances, to save the girl, at all hazards; she loved him devotedly; she hated her husband, and he tyrannized over her, and was dragging her down to

destruction. I use his words, as near as I can recollect. Said, as she was very proud and high-spirited, and much above the generality of girls, she would fall the deeper when she fell, and he must save her, some way or other. Spoke of his visits to the house, and interviews with the family. I endeavored to draw from him some evidence of her attachment to him. He could give none. The facts that he referred to as evidence of her attachment were; to me, evidence to the contrary. He said she would not speak to him when he came into the room, in consequence of her husband's forbidding it; but that, as he left the room, he caught her eye, and saw the truth in it. He said it was evident enough. Once, when he was there, she threw herself into her husband's lap and kissed him, and, as he left the room, she gave him a look of appeal to rescue her from destruction, and he determined to do it at all hazards. Told a number of other similar incidents. He gave as an evidence of her affection for him, that she once called him by her husband's name, Richard. A number of facts he adduced as evidence of her affection for him, which, to my mind, evinced dislike; but evidences of affection for Wight he quoted as evidences of love for himself.

"The evening in which she gave him that look he said he made up his mind that he would take Wight's life. Said he thought that, to be sure that he was right, he would consult some friend, and get his advice. He took a walk out into the country with a friend, Barnett, who dissuaded him from it. He then adopted another plan. It was to go to the house, call the family together, and tell the whole story before Wight, to expose Wight's villainy from the beginning. He didn't know how it would result; it might be that when Wight found himself understood, he would leave the house and this part of the country and go off, or he might get excited and get angry, have a scuffle, and that in it one would die. If Wight killed him, it would be done without due provocation, and he would lose his life. If he killed Wight, people not understanding his reasons for it would want him executed. In either case the girl would be safe. It was a matter of apparent indifference to him which way.

"I expostulated with him on this view. I said you violate the laws of God and man, the law laid down in the Bible, and the laws of the land; but he said he took a different view of the Bible doctrine about killing. Said that, in many instances in the old Testament, the taking of human life was highly commended. Spoke of the staying of the plague by Phineas' killing Zimri. Quoted from Tupper's 'Proverbial Philosophy,' from the article on Subjection :

*'Also, in the rescuing of innocence, fear not to smite the ravisher;
What though he die at thy hand? for a good name is better than the life.'*

Said that, in 'Proverbial Philosophy,' Phineas was highly commended. We had an argument about it. He said life to him was a burden, he had nothing to live for; if by giving his life he could rescue from certain destruction this girl whom he loved, and who so devotedly loved him, he didn't see as he could do anything better with it. He said it was a cheap price to pay for such a great end; it was a fair mercantile transaction; he paid for it as much as it was worth. Said he had done right in doing as he had done. People didn't understand it, and he might have to suffer. He said she was very much distressed now, but that the great trouble was the liability of exposure; that now the secret of her seduction must come out. He said that she would by and by get over it, and be glad that she was saved from this destruction; that it was misrepresented to her, and that very likely people now spoke against him to her. He spoke with surprise that she did not visit him in the prison. In all this he spoke calmly, and with every appearance of believing it. He seemed to speak with entire conviction, substantiating his opinion by assertion; his reasons were absurd. He seemed to regard it as his mission to kill Wight. The second interview corroborated this. He went over the same ground. At the first time he told his story. At the second I questioned him. I think he knew me at my second interview; think the officer who introduced me to him called me Dr. Butler. I did not take special pains to conceal myself. At this interview I asked him what chance of escape he supposed he had. He showed very little care about the issue of the trial; said he supposed that his counsel would plead insanity. I made no reply to it. He spoke of it slightly, without any interest.

"From these evidences, I came to the conclusion that, at the time of the homicide, Clark was not of sound mind. Taking the whole of his story together, I was satisfied of that fact. I saw nothing in Clark's personal appearance which might not be mainly accounted for by his confinement in prison; saw nothing in that which I should much rely on, except his entire coolness, resulting from his clear conviction that he had done right in the matter.

"Have not taken minutes during the trial; have given it my undivided attention. I find my opinion of his insanity confirmed by the evidence on the trial, which, supposing it to be true, testifies to his peculiarity of manner, &c., &c. The silly, senseless laugh spoken of is the strongest corroboration; it is indicative of disease; it is such a

laugh as is seen in an insane man ; it would strike a casual observer. Other corroboration is his indifference to business ; that he tells the same story about these females ; and the story of his, told at Chicopee, that the women all liked him, but had the luck of getting married to somebody else. He told me the same story he told others, and it is both the strangeness and this fact that strikes me. Other appearances of distress of mind and his singularity, causing apprehensions of suicide, are confirmatory of the general conclusion. The depositions showed to my mind that the same cause, some years since, produced similar results in 1852 and in 1854. The symptoms at this latter time would be more likely to occur from having occurred before. The testimony of Dr. Croswell bore upon the point that he was sensitive ; and that of Mrs. Parmalee, about his being found fault with in the store, went to show that he was disposed to morbidly sensitive feeling. Upon such an individual the effects of great grief and disappointment are more likely to be permanently depressing on the mind, than upon one of a more elastic temperament.

“Insanity, like many other diseases, is transmissible, hereditary. Other things equal, the child of consumptive or insane parents is more liable to incur those respective diseases than others,—that is, to possess the predisposition. It is rare that we find cases plainly similar to this. I recollect one case. [Dr. Butler narrated what he considered a somewhat parallel case.]

“I have one hundred and ninety-four patients at the Retreat. The majority are females ; ninety are males. I have had cases exhibiting similar evidences of insanity as the prisoner’s, under my charge. I often see cases of insanity, where an ordinary observer would not notice it for weeks, if he were with the patients. There are some now in the Retreat who have the liberty of the town, and there always are. There are patients there, too, who to a casual observer would give no indication of insanity. Patients are sometimes very ingenious in concealing insanity. The effort is not very frequent. I have known patients conceal it so that the insanity was not perceptible for months. When it was discovered, it was very palpable. I detected it. Men of all professions find their way to the Retreat. I would hardly put myself in the care of a physician who was a patient in a lunatic asylum : but often the advice of patients in their professions is reliable to a certain extent. The insane idea is not always prominent, and not always called out. Men are not insane upon all points, generally. Cruden, the author of the ‘*Concordance*,’ was an insane man ; but his work is a monument of industry and learning.

Cross-examined.—"I had an interview with Mr. Chapman before I came down, August 4th, about this case; I came down at his request. The details of the case were stated to me very generally. Do not remember that Mr. Chapman expressed the belief that he was insane; he told me he suspected his insanity; he stated circumstances to me which led to his suspicion that he was insane. He did not designate the day when I should come down. I gave no intimation when I should come down, I think, except to my family. No one went to the prison with me. I told the jailor I wanted to see Clark; I did not tell him why I wished to see Clark; if he asked me why, I do not remember it. I think Mr. Bryan—the old gentleman—went in with me; don't know that he said anything to Clark. I did not state to Clark my object in coming there. Don't know that I told Clark that I had been told to come there; I think I told him that Mr. Harrison said he might talk with me.

"I had an impression that he might be beset with company, and would not want to talk. I did not tell him where I was from. The first visit I talked with him in his cell; the second in a room in the prison; no one was present at the first interview. I did not feel of his pulse, or inquire particularly about his health, appetite, &c., at either interview; I never have; saw no reason to do it; he appeared much as other prisoners would. Don't remember that I read the circumstances of the event when it occurred. I told him I wanted to talk to him about the trouble he was in. We talked conversationally. There was nothing of special importance about his personal appearance at either of the interviews. He told me this story, which I deemed a mass of absurdity. I was impressed by the cool, honest, evidently sincere manner in which he told his story. He manifested a general indifference about his trial, not an entire indifference; at times he seemed a little uneasy about it. I did not lead him, by inquiry, to any particular interview with the girl. It was not as punishment for what he had done that he was to kill Wight. I don't remember the time of the appeal by the eye being made. It was at one of the visits to the house. It was soon after this interview that he went to walk with his friend Walter Barnett. He said that he went up and proposed to be married to her immediately; that they had some difficulty, and then broke the engagement. He said he asked her to give him a writing.

"It struck me that the story he told was a delusion, in respect to the love of the girl for him, and as to the character of Wight. Had no opportunity of judging when his delusion or hallucination commenced; it seemed to gather strength as it went along. Do not believe he would have committed the homicide if he had not been laboring under the

delusion. I think the delusion existed for some time prior to the homicide.

“I should call this species of insanity, mania ; I mean unsoundness of mind ; not as I have seen mania affecting the entire mind. It was not monomania ; that is where the insanity is limited to one subject.

“This is a case of general unsoundness of mind ; in such cases the party may manifest ability to do business. A casual observer might mingle in one of our parties at the Retreat, and not detect the patient from the attendant. I determined the insanity of the prisoner by his delusion about the girl, general appearance, inattention to business, &c. This unsoundness of mind might affect his ability to decide between right and wrong on some subjects. Clark might be able to discriminate on general topics, and not on particular ones.

“He undoubtedly felt it to be right to kill Wight. Might discriminate between right and wrong in many cases. Insanity on one point alone is monomania. I rarely see pure, simple monomania ; have little faith in its existence ; do not know that I ever saw it ; it is rarely seen. Insanity is like other diseases, the affection of one part more or less disordering the whole. It is not always the case that general unsoundness of mind will show itself in general actions, to a casual observer. This is one of the cases where it does not. The development and approach of insanity are often gradual, sometimes very sudden. Often, insanity may be developing gradually, and go on for some time, and not attract observation, until an overt act of extraordinary character attracts attention to it. Frequently its first indications are faint ; its approach resembles the change from day to night, and we cannot fix, in the intermediate twilight, the definite point of its commencement. I do not regard every criminal as a man of unsound mind. The commission of a crime is not *prima facie* evidence of insanity. I believe that sane men frequently commit crimes.

“The actions spoken of in Massachusetts, could not reasonably be consistent with sanity. Absent-mindedness and inattention to affairs, and depression of spirits, do not necessarily indicate insanity. They do, here. Opium, or a stimulant, would not cause such indications as his case presents. I know of no stimulant or drug that would produce these symptoms. I cannot state the period when responsibility for action ceases, in insanity. A man may know all he is doing, and yet not be responsible. Clark quoted the Bible freely, to support his killing Wight. An insane man does not, as a general thing, try to conceal his insanity. If I were to see a person who I knew had been disappointed, draw his knife across his throat, I should regard it as evidence of liability to commit suicide.

“Clark was generally cool and collected while I talked with him. Did not ask me why I was so particular in my conversation. Some persons with mania have the liberty of the town at Hartford. If one of those men were to stab a citizen, my opinion of his responsibility would depend on the case. One would not be an insane man from such a fact alone. The absence of sanity does not always imply absence of consciousness of right and wrong. A man may be insane and have a consciousness of right and wrong; not in reference to any act, but in reference to individual actions. No one was present at the second interview. I am not certain that Clark then knew me.”

Examination resumed.—“Some patients go out in an omnibus, at Hartford, with a driver, and one attendant. The carriage goes out six times a day. There are some whom I cannot allow to go—very few. In the testimony which I have heard, and what I have seen, there is nothing leading to the suspicion that Clark’s insanity was simulated. It would be *very* difficult to simulate such symptoms of insanity. In case of general unsoundness of mind, the patient may be conscious of right and wrong, abstractly, and yet so far as *he* is concerned, not be. I believe he thought it right and his duty to take life in this particular case. I think that, upon this matter, he did not discriminate between right and wrong.”

Dr. Pliny Earle called and affirmed.—“I am a physician. I have devoted my attention to insanity for fifteen years; have been resident physician at asylums for seven years, and visiting physician for three years. I was a resident physician two years at Philadelphia, and five years at Bloomingdale, and am now visiting physician to the New York City Hospital for the Insane, on Blackwell’s Island. I have visited European institutions. Visited the prisoner the afternoon of the 26th of July last. Was with him a little over three hours. Saw him two hours on the following morning. Conversed with him about the history of his case. He gave his account of the whole affair, from his first acquaintance with Miss Bogart to the shooting. Mr. Harrison was present, at my suggestion. We had long conversations. He began with his first knowledge of the young lady as a school girl. Spoke of his becoming acquainted with her as she passed his store. Afterwards there was an attachment. Spoke of his furnishing her teachers in dancing and music,—of giving her presents; talked a good deal about the melodeon. Spoke very feelingly of his strong attachment for her; at one time wept. Made a strong effort to control his feelings. I asked him why he wept; he said he could not help it. He spoke of having several conversations with Mrs. Bogart, and his language tended to im-

press upon me that Mrs. Bogart favored his marrying her daughter rather than Wight. When he tried to give the reasons, they were reasons that to other persons would not convey any such meaning. He said the reason of Wight's wanting to marry the girl was to break up the match; he was fond of it,—had done it before. He said no one of Mr. Bogart's family liked Mr. Wight. Throughout the conversation he tried to give the impression that he thought much of her, and she of him. He could give no evidence of this latter assertion; but, on the contrary, any other persons would believe, from his reasons, that she disliked him. I cannot give his precise words. I do not remember details on many topics of which he spoke, that had no special bearing on his insanity. He stated that Wight had gained a power over the girl by seducing her; that she married him through fear of his exercise of that power; that his (Wight's) object in marrying her was to ruin her,—to make her miserable. He said Wight's object in getting her from her parents' house was to complete her ruin. I asked him several times the reason why he believed that Wight had seduced her. He said, once, he knew it,—it was so. He said Mrs. Bogart was aware of the fact. He quoted a remark of hers to prove it, which did not convey any such meaning as that. He said that the girl loved him better than she did Wight; that he had seen it by her eye and her countenance; that she dare not speak of it through fear of her husband. He placed a good deal of stress upon the fact that one time she had called him Richard, the name of her husband. He believed that her mind was so much on him that she called him by the name of her husband, because she thought he ought to be her true husband. These statements were not made to me, apparently, to convince me that the girl loved him. He appeared fully to believe them. His conversation was entirely free, sincere and artless. He gave the account of Wight's acquaintance, and breaking off with her, and said that when he (Clark) renewed his attentions, Wight returned.

“He talked about the homicide. He told of borrowing the pistol; told the reason he gave; said it was to shoot a cat about the store; gave an account of his visit to the family in the afternoon, and trying to see them all together. He said if he could get the family together and expose Wight, he thought there might be a conflict, and he was pretty confident as to the result. He gave me to understand that he should probably kill Wight; he might have said that he was the stronger man. The second time he went up, that afternoon, he put the pistol in his pocket, not expecting to use it, but thinking it might be needed. He spoke of going into the back room. His account agreed with Mrs. Bo-

gart's testimony. He said when he went into the front room he walked backwards and forwards two or three times, then took out the pistol and shot the man. He said the shooting was simply mechanical; he acted without volition. By this he expected to prevent the removal of Mrs. Wight from the house of her parents. Said if he (Clark) were killed, it was of no importance. The whole idea was that it was his mission to kill Wight, and save that girl from ruin by preventing her from being taken away. I felt of his pulse; found it more rapid than usual; did not give much importance to it. I think, at the time of his committing the act, he thought it right; think it is not possible for a man to simulate insanity in a case of this kind while under examination. The idea never occurred to me that he did. In considering the whole history of the case, I should go back to the death of his mother, as making a great impression on his mind; then the disappointment at Chicopee, causing a depression of spirits and a change of manner, &c., for causes leading to my opinion. The change of his appearance at a later time, peculiarities of manner, abstraction of mind, expression of countenance, eyes, wildness, and a few expressions of his, would be others. His inattention to business, leaving his bed, pressing his head, starting up at times, and his using the knife, have a bearing on the question. If any one was in sight, to his knowledge, when he did the latter, I would not give the action much attention. The silly laugh is the thing of the most importance. In a man once made insane by great grief, an equal grief subsequently would probably cause a greater degree of mental disturbance than at first. Such kind of mental distress as this man had is an efficient and sufficient cause of insanity. These circumstances confirm my opinion, drawn from personal observation. I think he was an insane man. One of the strong evidences of his delusion and belief that it was his mission to save this girl from impending destruction, is the fact of his continuing to go there after the marriage, and interfering. The carrying of papers there, too, was part of it. There is such a thing as hereditary insanity. The son of an insane father would, other things being equal, be more likely to be insane than another person."

Cross-examined.—"There is no such thing as an accurate classification of cases of insanity; one person might put this case under one head, and another person under another. I should place it under the head of what the books call monomania. Those who are most devoted to the subject of insanity differ about the classification, in many cases. I place it where I do because his insanity was apparent on only the one topic of his attachment to this lady. Should not say that his mind was

enough affected on other subjects to say that he was insane upon them. I don't consider his mind sound on any subject connected with this girl. 'They are trying to roast me,' might come from a man in *delirium tremens*, or approaching to it. The mind of a monomaniac is not generally considered perfectly sound on other subjects. Others might class this case as one of *mélancholia*. I think this man was laboring under delusion at the time of the homicide. One delusion, I think, was, that Mrs. Wight liked him better than she liked her husband. Another is, that Mr. Wight married her merely to effect her ruin. Another was, that it was his mission to put him (Wight) out of the way. I have, in what I have said, intended to give the substance of the conversation between myself and Clark,—I mean the leading ideas. My intention always is to weigh the whole evidence furnished by a conversation.

"One reason that he actually assigned for believing that Miss Bogart was fond of him was, that when they met and parted they kissed each other. When I traced it out, he said she didn't kiss him so more than once or twice. The question was asked of him, if she kissed him so. He said she was too proud or too modest to let him see that she loved him; but she did. He spoke at length of the dancing, and the journey to Waterbury. There was no effort on his part to force me to believe his story. I think he then believed it. He told me he borrowed the pistol to kill the cat. I pressed him on that point. He insisted that he did not borrow it to kill Wight. He said it was his fixed intention to kill Wight, if there was a conflict, but not with the pistol. The talk about this killing was not consecutive.

"I came here on the 26th of July, to visit Clark. I had been told some of the circumstances of the case. I was told, in effect, that they wished to ascertain whether he was insane. Mr. Harrison asked me to come. He came two days before Commencement, and spoke of the homicide. Don't know whether he said that any one believed him insane. He stated some things in evidence which he said could be proved, peculiarities of conduct in his store, things at Chicopee, &c. He gave me a brief history of the case. So far as I have any knowledge or belief, I presume Clark did not know me. I believe Clark had not the slightest reason to suspect why I came to him. Mr. Harrison said I was a friend of his, and wished to hear the whole history of the transaction. The history was almost exclusively by inquiry on my part, and answers on his. Mr. Harrison asked one or two questions, but they were not such questions as I should have asked.

"Depression of spirits, absence of mind, and inattention to business

may all exist, without insanity, in one person. I am not prepared to say that the starting up, and the silly laugh, *with* these others, could. You have, in the case of this man, a remarkable combination of symptoms. Leaving out the silly laugh, I think the others might. A person of a sensitive mind, under the influence of stimulants, might exhibit these symptoms, without insanity; such a temperament as Clark's might. In giving my opinion I have made it up from all the circumstances I have mentioned. I think the evidence about the Massachusetts troubles chiefly valuable, in making up an opinion, as showing that he had suffered before. I think those occurrences increased his predisposition to insanity, and that the insanity produced the homicide.

"Monomaniacs are not affected, as to their discrimination on subjects of right and wrong, in matters foreign to the subject on which they are diseased. In the monomaniac I am not prepared to say that the consciousness of right and wrong, on a particular subject, is always destroyed. Insanity, so far as classification is concerned, is a subject of doubt among experts."

Examination resumed.—"Two professional men looking at the same facts in the same way, would not always class insane cases alike. Discussion about mania and monomania is rather a discussion about difference of words than difference of things,—a question as to which pigeon-hole you would put a bundle into. A man exhibiting the four symptoms selected by Mr. Foster, and those only, *might* be decidedly insane. I have no idea that the symptoms in this case resulted from the use of stimulants. Mania does not necessarily destroy consciousness of right and wrong on all subjects."

Dr. Isaac Ray called and sworn.—"Reside in Providence. Have charge of the Rhode Island Insane Hospital; have had for eight years. I was in the Maine Hospital about four years. Have given my particular attention to insanity for twenty years. I have published a work on Medical Jurisprudence of Insanity; it has gone through three editions here, and two abroad. I have never seen the prisoner at the bar, except in this Court-house. I have been here from the commencement of this trial to this time, and taken notes. Never conversed with the prisoner.

"It appears that a change commenced in this man as early as November, 1854, and that this change continued increasing up to the day of the homicide. The change was manifested by the absence of mind, cavalier treatment of customers, fiddling while customers were in his store, not noticing customers, saying he didn't know things he did know, disregard of his personal appearance, shutting up shop and going

away, jumping over fences where there was a gate, going to Chicopee improperly clad, inviting a girl to a dance in New Haven when he was in Chicopee, giving her a five-dollar gold piece, though he had never seen her before, his conduct as related by his sister, leaving his bed and sleeping on the sofa, and his carelessness as to business. If all these circumstances left any doubt in my mind as to his insanity, the doubt would be removed by the testimony of Drs. Butler and Earle. In his notions about Miss Bogart I find a gross and very well defined delusion. The affair with the Massachusetts girl produced much mental disturbance, though I am not prepared to say that it amounted to insanity. However that may be, he recovered from it, partially at least, though it probably rendered him more susceptible of a subsequent attack: If it be proved that his father was insane, that furnishes a strong presumption of predisposition. As bearing on this point, I would notice his turns of depression when young. This trait generally indicates hereditary disorder. It is my belief that he was an insane man at the time of the commission of the act. If Drs. Earle and Butler gave a true narrative, those circumstances would positively indicate insanity." *

The prosecution was conducted, on behalf of the State, by E. K. Foster, Esq., States' Attorney, assisted by James D. Keese, Esq. The prisoner was defended by Charles Chapman, Esq., and Henry B. Harrison, Esq.

The theory of the prosecution insisted, "that it was in accordance with Clark's own prior and subsequent declarations, that he had become tired of life; that he had no wish to live; had no belief of a future state of rewards and punishments; that he was a sceptic in whatever pertained to God or his government; and that with feelings rankling in his bosom against Mr. Wight, for having supplanted him in the affections of Mrs. Wight, he had determined to put Wight out of the way, come what might. They insist that, in the prison, after the homicide, in conversation with Garfield and others, he said life had no charms for him,—that he had paid a debt and had his revenge, and, consequently, the homicide was a deliberate and malicious murder."

On the other hand it was claimed that the homicide was committed under the influence of an insane impulse; "that his conduct in January, March, and April, 1855, was of such a character as to establish, beyond all doubt, his unsoundness of mind;" that the homicide was the result of a "well-defined delusion," that it was his duty to take the life of Wight, in order to rescue Mrs. W. from ruin and oppression. In accordance with this, he acted with deliberation and coolness in the accomplishment of his end.

HON. WILLIAM W. ELLSWORTH, presiding Judge, in his charge to the jury, remarked that the question to be decided was, "What was the state of the man's mind *on the 28th of April?* The state of his mind at any time before or after that day, in one sense, has nothing to do with the question. Your inquiries will be directed to the day and the time when Mr. Wight was killed. The prisoner's conduct before and since the homicide, his states of mind, his declarations and conversations, his appearances in other years and months, are of no importance, except as they bear on the state of the prisoner's mind on the 28th of April. These things, before and after, I do not wish to depreciate; but their importance, and their only importance, consists in their bearing upon the point in issue, as just stated. These circumstances may be so remote from that day, so obscure in their proof and real character, so dubious in their cause or existence, as not to guide you to any satisfactory conclusion; still, it would be manifestly unjust to discard or overlook such evidence, for it may be the only evidence which the counsel for the prisoner can look to, to establish their defense; and it is such evidence as does bear upon the question, What was the state of this man's mind when he committed the deed?

"I will further remark, that the law presumes every person of mature age to be a reasonable and accountable being, and so the prisoner is to be held to be, unless he can satisfy you by the proof in this case, coming from either side, that he is not so. All laws and all law-makers proceed upon the supposition of sanity of mind and accountability, and likewise that each person is acquainted with the laws of the land. If, therefore, the prisoner has perpetrated a crime, or which would be such upon the presumption aforesaid, the burthen of proof, as I have just said, rests upon him, to throw off the responsibility by proving his insanity. His counsel, if the evidence will justify it, may show he is insane, either generally or partially—that he is idiotic or without mind; and it is a good defense, if sustained by proof; for laws were made for rational men, and not for those who are bereft of reason. I say bereft of reason—that is, that he has not intellect, or ability, or memory to connect the relations of a subject; that he cannot apprehend the moral character of the deed, and has not a will to act in accordance with his conclusions; in a word, they may show that he was a machine, and had not moral power to act for himself. It is true, all will admit, that God does in some cases so afflict our fellow-beings, and it may be he has done it in the case of the prisoner. It is claimed that he has. The inquiry is, therefore, worthy of your most careful consideration, how the fact is. This mental capacity may be expressed in other words, though of the same import. If, at the time of the alleged offense, the

prisoner had capacity and reason enough to enable him to distinguish between right and wrong in this instance, or to understand the nature, character, and consequences of the act, and could apply his knowledge to this case, not being overcome by an irresistible impulse arising from *disease*, then he was an accountable being, but otherwise he was not. You see that I emphasize the word *disease*, for, as I have already said, an inability or obscurity of mind, or a deadness or loss of memory, of a temporary character, the result of voluntary and culpable conduct, as intoxication or extreme hatred, is no palliation for an offender; for it is probable few murders are committed by men who, at the time, have a clear appreciation of the character of the offense they commit. The law most justly holds a man responsible, if the disability is temporary, and produced by his misconduct. If the disease is, however, fixed and permanent, then he is not responsible. I have likewise said an offender can find no impunity in scepticism or atheism. This would be to surrender the world to dark fatalism, or to the uncontrolled dominion of those who would pull down the entire fabric of government, and of society."

The jury, after a deliberation of five hours, rendered the following verdict: "*Not guilty, on the sole ground of insanity.*"

The prisoner was remanded to jail, and, according to provision made by the statutes of the State, in such cases, sent, by order of the Court, to the Retreat for the Insane, at Hartford. * *

ARTICLE III.

SENILE INSANITY.—HYPOCHONDRIASIS.

BY JOHN M. GALT, M. D., SUPERINTENDENT AND PHYSICIAN OF THE
EASTERN ASYLUM OF VIRGINIA.

Two individuals were, some time since, brought to the Eastern Lunatic Asylum on the same day and from the same county; they were duly committed by the magistrates of the county in question as being insane, but both of them were refused admission by the Board of Directors of the Asylum. This refusal occurred at an adjourned meeting of the Directors, they not concurring with the county authorities as to the propriety of their reception as patients. The first meeting consisted of three members, the smallest number allowed by law to adjudicate any case, and the second of seven of the eleven who constitute the Directory.

We may mention that in no state of the Union has there been a more entire immunity from any difficulties concerning unjust confinement than in Virginia, notwithstanding that her provision for the insane dates back at so remote a period, the Eastern Asylum having been founded in 1769, and having been opened for the reception of patients in the year 1773. We think this most desirable immunity greatly owing to the judicious character of the legal enactments concerning the confinement of the insane. Boarders are permitted to be sent to the asylums without the action of magistrates; but, in that event, the decision of the court of examination is required to be unanimous. In the case of state patients, equal care is found in the circumstance that the preliminary action of three magistrates is necessary, and then a subsequent examination by the Directory. It has also been a custom for each supposed lunatic to be examined by the Superintendent before coming in the presence of the Board, and a previous custom has recently been converted into a positive regulation, at least so far as concerns the co-operation of the Superintendent. Occasionally cases originally refused have been returned again, and ultimately admitted as patients; and perhaps the danger in the arrangements here adopted lies in this particular, as might be almost anticipated from the complete absence of the opposite evil; for, by the very law of compensation, evil and good are usually conjoined, to a greater or less extent, so that if you obtain an important end, it is only by some sacrifice. As to the cases discussed in the present article, the writer was doubtful what should have been the decision; and they are not given so much to show whether their rejection was erroneous or the reverse, as to form the basis for a few remarks concerning the class of individuals to which they assimilate.

As respects the general outlines of the first case, there was evidently little more, if any, mental disturbance, other than the mere weakness of mind attending old age. There was, it is true, a decided psychical debility, and especially of the memory; thus he repeated over and over again that his name was A. B., that he was cousin of C. D., that he had lost all his property by going security, &c.; moreover, he appeared unable to tell where he was, or how long he had been on the route to the Asylum. But, in relation to unmanageable conduct, there was little evidence that there had been any such; and there was none of that irritability or the like morbid state of the feelings leading to conduct quite extravagant in an old person. One of the strongest circumstances favoring the idea that insanity existed, was the fact that he had a cousin who was committed to the Asylum as insane, being so found

by the jury who tried him for having killed his father in the most shocking manner, cutting him up with an axe. Under the law, he remained at the hospital until sufficiently restored, again to undergo judicial scrutiny. He died after a residence of eleven years.

In looking over the writers on the subject, we find but few observations with respect to the question of confining in asylums the sufferers from senile dementia. We are ourselves very much inclined to think that expediency should be the test here, rather than any definite line of demarcation established between mere natural decay and positive senile dementia. As there is usually but slight hope of a recovery, and the patient is not dangerous, unless under peculiar circumstances, we really consider this to be, in general, one of the instances in which relatives are bound to bear the burthen of those to whom life presents but a few years before "the golden bowl is broken," and "the wheel is broken at the cistern."

With respect to senile insanity, writers on jurisprudence have discussed largely the question of the sanity or insanity of testators suspected of this form of mental alienation. We think that remarks of this nature are usually of a not sufficiently definite character; and, doubtless, it is in practice quite difficult to say where this malady commences, and where we have to do with simple decay of the faculties, apart from any morbid change. As, however, the word "madness"* expressed the popular view of insanity, at the same time that it was a correct term—as implying the existence of a morbid state of the feelings in lunacy, thus depicting the real features of the disease, in opposition to the false definitions of Locke and others, limiting the morbid condition to the intellect; so, in a similar mode, the distinction between mere decay of the mental powers and senile dementia, though not, as we have intimated, in such express language, yet still seems intended by writers on the subject to consist in the absence of morbid emotions on the one hand and their presence on the other. Dr. Ray has the most lucid remarks as to this topic, in his *Treatise on Jurisprudence*—a work that does more credit to America than aught in relation to insanity that has been produced on this side of the Atlantic. He observes: "This form of the disorder, or senile dementia, is so often the subject of medico-legal inquiries, especially in connection with wills, that it deserves particular attention. Senile dementia, it must be recollected, is something more than the mere loss of mental power which results from the natural decay of the faculties; it is not only feeble, but it is deranged. Were it not so, every old man would labor

* From the Gothic, *mod*.

under a certain degree of dementia." Then, after alluding especially to the impairment of the memory, he says: "The first symptom indicative of derangement is a degree of incoherence in the ideas, like that of dreams, &c." Such being the ordinary course of senile dementia, he observes, in addition, that there is sometimes "great irritability, excitement of the venereal appetite,—of an appetite for high-seasoned dishes and intoxicating drinks." This last remark of Dr. Ray appears to have been borrowed from the renowned treatise of M. Esquirol, who uses almost the identical words here employed. But, as we have said, the main line of demarcation between mere natural decay of the faculties and senile dementia has never been so clearly pointed out as by Dr. Ray. Burrows, also, in his "Commentaries," observes: "In this singular affection the system is influenced by an extraordinary excitation, prompting the revival of youthful passions and follies, when the power of fruition has long ceased. The whole moral and intellectual character of the patient is changed; the pious become impious, and the content and happy discontented and miserable, the prudent and economical imprudent and ridiculously profuse, the liberal penurious, the sober drunken, &c. Persons in whom the sexual passion has been long dormant suddenly become lascivious and obscene." He mentions, as an instance, a nobleman who, up to his ninetieth year, enjoyed every faculty in a healthy state, and especially a clear understanding, when suddenly he became very violent and imperious in his conduct and conversation, purchased many ridiculous things, grew fond of alcoholic drinks, &c. Araeteus asserts that this mental condition is always fatal. Dr. Conolly, in his work on the "Indications of Insanity," intimates the necessary caution, that we should make a "greater degree of allowance in some cases than in others; for instance, where the individual has *always* been eccentric; for the eccentricity will probably be increased by age; and to one unacquainted with the previous habits of the patient, he may seem to be mad, although, perhaps, merely a humorist, who has in declining life become a little more childish in his humors." In the same production he mentions the singular case of an old gentleman who, on approaching his ninetieth year, experienced such an impairment of his mental faculties, that he sometimes imagined himself dead, communicating the intelligence of his own decease to his friends, with perfect gravity and an air of entire resignation, but only professing himself a little scandalized that the windows were not closed on the occasion. He would likewise direct that the sad news ought to be communicated to his friends, that he went off easily, and, to conclude the matter, he requested one more pinch of snuff before he

was finally screwed down in his coffin. Dr. Prichard observes, in his well-known "Treatise on Insanity:" "Senile dementia, or the decay of the mental faculties, is not the lot of old persons universally, though it is a condition to which old age may be said to have a tendency, and to which, in the last stage of bodily decay, some approximations are generally to be perceived." In his extensive work, "*De la Folie, considérée dans ses rapports avec les questions médico-judiciaires,*" strange to say, M. Marc fails to dwell on the important subject of senile insanity. There is also a deficiency here in De Boismont, Foderé, Georget, Moreau, Bottex, and other French writers. And the same may be affirmed of the leading authorities of Germany, or they fall into the opposite error of confusion. Indeed, we have been able to find no allusion to the simple distinctions of Dr. Ray and M. Esquirol, beyond an agreement with the latter. This, for example, is the case with the most elaborate Italian authors, such as Bonacossa, Fantonelli, Balletti, and other standard writers; although the first-mentioned physician, besides being remarkable for his many divisions and subdivisions, has, moreover, written a great deal concerning dementia at an early period, in his inaugural thesis, and later in his very valuable work, the "*Patologia Mentale.*"

With regard to the case of hypochondriasis alluded to in the first few words of this article, I should, perhaps, apologize for including in the same essay remarks relative to two forms of mental alienation so entirely disconnected as senile insanity and hypochondriasis. But, as has been previously explained, there was a temporary connection of circumstances leading to analogous remarks upon the two. Passing, then, to the case of hypochondriasis: in this instance the opinion of the writer was asked by the Board of Directors; and it was presented to them as a conclusion, that it was best to be guided by the wish of the sufferer himself—in other words, to leave it to him to determine whether he would become an inmate of the asylum. My reason for this suggestion, I observed, was, that, in the first place, it was true that an individual thus affected was entitled, as a right, to a position in an asylum. For, throwing aside the mere existence of delusion in hypochondriasis, we would otherwise arrive at the same opinion, because it so frequently happened that melancholia and hypochondriasis alternate, and pass into each other, that the connection is too intimate to justify us in refusing to receive such a patient. Moreover, I remarked that in both these affections suicide is so often the lot of the unhappy victim, that a second reason is thus constituted why we should give him succor against so dire a calamity. But, on the other hand,

although dangers of the kind were imminent, yet we should guard against infringing on the rights of persons, at any rate recognized by law, or entitled to the privileges of the same. For is it not notorious that individuals with the most absurd hypochondriacal delusions have, nevertheless, performed the duties of important civil situations, and, in addition, had the use of their property and the power of making a will? Hence it was that I made the suggestion before mentioned to the authorities of the Eastern Asylum.

These ideas may be illustrated by reference to various writers. Thus Esquirol observes: "Hysteria and hypochondriasis often gradually become or pass into madness, and in many cases they but constitute its first stage, which, indeed, has caused many authors, both ancient and modern, to confound the two maladies." And again, in his able article on suicide, he says that "the pain which leads to lypomania and hypochondriasis often results in suicide." And the distinguished Brachet, in his extensive work, entitled "*Traité Complet de L'Hypochondrie*," avers that the malady most frequently terminating hypochondriasis is mental alienation. In the "*Anatomy of Suicide*" it is observed: "There is no more frequent cause of suicide than visceral derangement, leading to melancholia and hypochondriasis." And further, it is said: "In the case of Cowper we have a melancholy instance of hypochondriacal feeling leading to suicidal derangement." It is from remarks of this character in standard writers that we are led to decide on affording him our assistance, when the victim of hypochondriasis knocks at the doors of our lunatic asylums. But, on the other hand, mere nervous feeling and hypochondriacal symptoms are too closely connected, and too often but slightly prevent the sufferer from attending to his affairs, to justify the procedure of forcibly placing an individual thus affected within the walls of an institution for the insane. In this relation, for example, Dr. Conolly, in his work on the "*Indications of Insanity*," warns us against acting too rigorously. Says he: "The far more important, but not more difficult duty of the practitioner is, for the most part, neglected—that of considering, with all the caution which such a serious case requires, *whether or not the departure from sound mind be of a nature to justify the confinement of the individual, and the imposition of restraint upon him, as regards the use or disposal of his property.*" And again, in treating of false sensations, he declares: "A man may be mad upon that point alone, and his madness may be of no consequence to himself or others." Additional weight, too, must be assigned to considerations of the sort, when we turn our attention, not only to ordinary cases, but to certain instances well known to the literary pub-

lic. Thus Boswell, after stating that Dr. Johnson was a hypochondriac, goes on to say: "Though he suffered severely from it, he was not therefore degraded. The powers of his great mind might be troubled, and their full exercise suspended at times; but the mind itself was ever entire. As a proof of this, it is only necessary to consider, that, when he was at the very worst, he composed that state of his own case, which showed an uncommon vigor, not only of fancy and taste, but of judgment." In Cowper the hypochondriacal element, taking the form of an excessive dread of punishment in the next world, ended in positive insanity of a suicidal character; whilst in Dr. Johnson the morbid predisposition stopped short of this, though he too appears to have experienced an inordinate apprehension of death and hereafter.

Many passages may be found in writers on insanity touching those degrees of mental disturbance not evincing the broad and unmistakable features of positive and decided lunacy. Dr. Conolly observes, for example: "So many hypochondriacal persons are known to be at large who entertain strange opinions concerning their own form and nature, that it seems hardly necessary to caution the practitioner against treating such patients as madmen are commonly treated." And elsewhere he says: "Harrington, the author of the '*Oceana*,' cherished a notion that his animal spirits transpired from him in the shape of birds, or flies, or bees; much of his conversation turned on good and evil spirits; and he would use strong arguments to prove that his sensorial illusions were realities: but on other subjects he was clear and rational."

I could also particularize cases, reported to me by reliable persons, of individuals of their acquaintance laboring under a similar mental disturbance—a disturbance where no compulsory measures would have been deemed at all justifiable. Thus a lady, in one instance, was almost deprived of the pleasure of a drive, because, if she rode in town, she complained of being constantly apprehensive lest the houses should fall and crush her, and if in the country, that an analogous calamity would ensue from falling trees. A second was always strongly affected by the sight of her housekeeper when in a particular dress, insomuch that, on once returning home and meeting her so clad at the porch, she fainted away. She also occasionally fancied herself a tea-urn, and, under that impression, would assume a suitably imitative position. This was likewise the case with a gentleman mentioned to me, and with a third lady. The last occasionally imagined, besides, that she was a goose, and, in accordance with the supposition, would sometimes be found crouched upon a parcel of carpet-rags in a little closet, and,

when approached, would hiss very anserously, so as to fully entitle herself, in the opinion of the ill-natured, to an appellation corresponding with the character which she had assumed; yet, if her friends called to pay her a visit, she would desist from her absurd conduct, and talk to and entertain them rationally during the whole evening. Under the present head may be included, also, the strange antipathies reported by writers. In this class I have heard of three individuals whose nerves would be extremely affected, merely by the entrance of a cat into the room where they were.

ARTICLE IV.

NINTH REPORT OF THE COMMISSIONERS IN LUNACY, TO THE LORD CHANCELLOR.

[*From the Asylum Journal, October, 1855.*]

This Report includes the transactions which occurred during the year 1854. It was presented on the 31st of March, and the public who are interested in lunacy matters have reason to feel obliged to the Commissioners for the promptness of its preparation and publication.

The first fact likely to attract the notice of the reader is, that "Miss Mary Flemming is now included with her mother in the license for Warwick House, Chelsea;" and on referring to the list of licensed houses in Appendix A., one cannot fail to be struck with the much larger proportion of female proprietors of licensed houses in the metropolitan district over those in what the Commissioners call "the provinces;" the proportion being one-fourth in the former, and not quite one-eleventh in the latter. How it is that the Commissioners in Lunacy, whose powers over the licensed houses in the metropolitan district are practically without limit, are so much more favorable to female proprietors than county justices appear to be, we are unable to give any satisfactory reason.

After noticing the changes which have taken place in the proprietary of licensed houses, the Commissioners proceed to make some interesting observations on the progress and condition of several of the new county lunatic asylums.

The reports on the WARWICK ASYLUM are of a favorable nature. The county, however, appears to have greatly overbuilt itself; many wards remaining unoccupied and unfinished. The Commissioners mention, that "considerable progress has been made in bringing the land into cultivation;" but they do not state that the land is a tenacious clay of the poorest character. The county justices bought this estate of the Lord Lieutenant, and at an enormous price. These are the sort of transactions which raised the cry for county financial boards.

The WORCESTER COUNTY ASYLUM suffers from an insufficient supply of water. The wards are cheerful, spacious, and well ventilated, and the various offices are convenient. The Commissioners state that "no disease of an epidemic character has prevailed." This, however, is an error, for eight patients died during the year in this asylum of Asiatic cholera, and four others of dysentery and diarrhœa.

The LINCOLN COUNTY ASYLUM will contain 250 patients. The general management of the asylum is reported to be very satisfactory; the wards well ventilated, cheerful, and airy. The amount of water has been insufficient, but an ample supply has now been procured from the Lincoln water-works.

The ASYLUM FOR HANTS will accommodate 400 patients, and has 105 acres of land. "The site is excellent, having a slope to the south. It is well wooded, and bounded on one side by a stream of water." At their last visit, the Commissioners found that considerable progress had been made towards the complete organization of the establishment: the wards were throughout exceedingly clean and well ventilated, the patients well clothed and comfortable.

The ESSEX COUNTY ASYLUM will accommodate 448 patients. The building is of a very pleasing character, and is conveniently arranged. The wards are clean and well ventilated, the health of the patients good, and the condition of the asylum creditable and satisfactory.

The ASYLUM FOR BUCKS will accommodate more than 200 patients. The wards are convenient and well arranged, but there are only 20 acres of land belonging to the institution. The wards are cheerful and clean, and comfortable in appearance, but some of them are cold, and the expensive warming and ventilating apparatus does not answer. The supply of water has been very deficient. And, "owing to the small number of patients, and the large staff of officers, the charge for pauper patients in this asylum is *necessarily* heavy." We demur to the necessity of the conclusion, unless it be admitted that a large staff of officers is needful for a small number of patients.

We may deduce from the remarks of the Commissioners on the new county asylums, that they find reason to disapprove of *systems* of warming and ventilation. They regret the absence of open fire-places both in the Warwick and the Bucks asylums. We believe that their opinions on this subject coincide completely with those of the great majority of superintendents. We never yet met with a superintendent who did not vastly prefer open fire-places for his patients.

In some asylums, as at Essex, ventilating and warming apparatuses exist, but are not used, the superintendents entertaining what we believe to be a well-grounded antipathy to their employment. Not only is nothing so cheerful and exhilarating in appearance as the open fire-place, connected as it is with the associations of the English home, and endeared to all British hearts by the recollections of happy hours spent in the ingle nook, or by one's own fireside; but it appears to be by far the most effectual method of securing thorough ventilation, and of warming the air without destroying its freshness,

It appears that three of the new county asylums—namely, those for Bucks, Worcester, and Lincolnshire—have suffered greatly from deficiency in their water supply. A deficient supply of water is one of the greatest evils to which a large lunatic asylum can be exposed; and it is much to be regretted that county justices should ever consent to purchase a site for an asylum, except on the condition that an abundant supply of water can be procured. Asylum architects seem to have had no conception of the quantity of water required for such establishments. Perhaps they thought that the madness of insanity was at least allied to hydrophobia.

There are some other matters the Commissioners notice of the new asylums, which may not appear at first sight to be of sufficient importance for notice in a blue book—such as the dress of the patients, the furnishing of the wards, the supply of newspapers and periodicals to them, and their walks in the adjoining country. These, however, with some other minor subjects of interest, such as singing birds, pet animals, and pictures on the walls—are not the mere tithes of mint and cummin which any one of them separately may be made to appear. Taken collectively, they are the outward signs of a careful and liberal management; and where thorough attention to them is observable, it may appear improbable that the weightier matters of medical and moral treatment do not receive their due amount of attention. It may be that medical skill and domestic management are not always united in perfectly just proportions; and, indeed, we know instances in which the disproportion existing between the two is very remarkable. In the admirable report of the Crichton Asylum, Dr.

Brown distinguishes the peculiar path of exertion which his assistant-physicians have pursued: "Dr. Gilchrist, as having signalized his career by the application of scientific instruction to an extent previously regarded as fabulous; Dr. Lindsay, as having devoted himself to the introduction of æsthetic elements into psychology, and attempting to effect by suggestions of beauty, by music and pageantry, what formerly squalor, silence, and darkness were left to accomplish; Mr. Aitkin, as presiding over literary undertakings, libraries, histrionic exhibitions, and that class of recreations which reach the sentiments through the intellect"—an excellent division of labor in a large and wealthy institution, where it is possible. But in establishments where the number and character of inmates, and the financial resources render it scarcely possible, and certainly inexpedient, where the medical superintendent has to be a Jack-of-all-trades, we do entertain a strong opinion that the one calling which it is imperative that he should possess, and exercise with undoubted skill, is the one of the scientific physician.

We do not know of a more painful sight than an admirably constructed and arranged asylum for the insane, replete with domestic comforts, and abounding in evidences of extreme solicitude for the contentment or happiness of the inmates, but containing no marks of any medical intentions or operations; all the patients at work, and none in the infirmary; no case-books, or, at all events, no records of treatment; no medicines, except stimulants for the aged and infirm, and an occasional dose of salts or castor oil for those who may need them; and, above all, a medical superintendent who openly professes to have no faith in the efficacy of medicine. Such an institution, with its beautifully arranged and decorated wards, its pictures, and pet animals, and picnics, does but remind one of the old fable of the fox with the visor, and tempt one to exclaim, "What a pity that so beautiful an appearance should have no brains!"

We are convinced that many asylums in this country have already lost their character as places for the medical treatment of disease, to a degree highly detrimental to their utility, and dangerous to their permanent prosperity. May we not attribute this, in great measure, to the fact that they are presided over by a Commission, of which it would be ungracious, and perhaps unjust, to say that scientific medicine is unrepresented therein, but of which the active members certainly display little interest in the pathology or medical treatment of mental diseases?

No provision has been made for the lunatic poor of the city of London. The city authorities have made efforts which, the Commissioners regret, have been attended with no satisfactory results. The

visiting justices of the adjoining counties will have nothing to do with them, either in the way of joint asylum or reception by contract. In spite of the earnest representations of the Commissioners, the empty wards of the Essex asylum are closed to the lunatic poor of London. It appears that a distinct asylum must be built for them, which the city authorities will be enabled to place under the system of management which is becoming well nigh peculiar to that venerable corporation.

The report on ST. LUKE'S HOSPITAL is too important to be passed over in a brief notice. We must refer to it at a future time. The Commissioners have exerted themselves in the most praiseworthy manner to obtain the removal of this institution from the present building, the defects of which they pronounce to be *irremediable*.

The first visitation to BETHLEHEM HOSPITAL under the statute was made on the 6th February, 1854, and the Commissioners were much gratified with the many important improvements which had recently taken place. "The paramount authority judiciously vested in Dr. Hood appeared to the visiting Commissioners to have been productive of much good, and they therefore purposely refrained, on that occasion, from making suggestions which might have had the effect or appearance of interfering with arrangements then under consideration."

The subject of Lunatic Hospitals the Commissioners truly state to be one of much importance.

"Viewing them as benevolent institutions, for the benefit of those classes of the community who, though not, in the ordinary sense, paupers, are really indigent, and as such, objects of charity, we are strongly of opinion that every effort should be made to improve their condition and management, and extend their usefulness. It is to be borne in mind that several of these institutions are in possession of property and income, from various sources, to a considerable amount; and your Lordship will no doubt feel that the proper and efficient administration of their trusts and funds is a matter falling especially within your Lordship's province, and that we act rightly in bringing them under your particular notice."

The Commissioners have not succeeded in their endeavor to frame a general code of rules and regulations for these institutions, owing to differences in their origin, constitution, size, and other peculiarities. We apprehend, however, that the really insurmountable difficulty which they have met with in their laudable endeavors has been the pertinacious opposition of the Board of Governors, who have succeeded in baffling their attempts to remedy old abuses, and anomalies of

government; or who, when they have seemed to give way to the advice and solicitation of the Commissioners, have done so in form and appearance only, and have contrived to evade actual and important changes. As an example, we may cite the earnest attempt which the Commissioners have made to place these institutions under the direction of medical superintendents similar in position to the men who have raised the county asylums of this country to so high a point of excellence and reputation. The hospitals have generally been under the management of weekly boards, visiting physicians, and resident apothecaries. Owing to the representations of the Commissioners, pressed with the earnestness of strong conviction, some of the boards of governors have consented to change the name of the resident apothecary into that of medical superintendent, and to invest him verbally with that "paramount authority" which the Commissioners insist upon. But with weekly boards of governors managing everything domestic and financial, and with daily visits of visiting physicians directing everything medical of less emergency than a suicide, or of greater importance than a dose of castor oil, over what is the apothecary, with his new title, to be paramount? We earnestly trust that the Commissioners will eventually succeed in establishing, in spirit and in letter, the reasonable and necessary reforms which they advocate.

In some of these institutions one of the most needful reforms is the full appropriation of the charitable funds to their legitimate purposes. Take, as an instance, the first hospital mentioned in the instructive and valuable appendix A, which gives a succinct account of the origin and history of these institutions, the *ST. THOMAS'S HOSPITAL FOR LUNATICS, AT EXETER*. The amount of donations and legacies has been £17,000, of which £12,000 remains as existing capital, producing an income of £458 per annum. We presume that the remaining £5,000 has formed part of the £36,000 expended in land, buildings, and furniture. The average number of what are considered the charitable classes of the institution have been three received free of payment, two at 5s., and one at 10s. 6d. per week. If the payments of the three latter patients are added to the charitable income, the latter will amount to £501; to say nothing of the interest of the money spent in buildings, furniture, &c. For this £501 a year only six charitable patients are supported, in an institution rent free, and deriving from other sources an income of £2,000 a year, and therefore enabled to maintain a sufficient staff of officers, without drawing upon the resources which it would seem right to appropriate exclusively to the maintenance of the impoverished patients for whom they were subscribed. When it

is remembered that in these institutions the clothing of the charity patients is provided by their relations, and that they are rent free, and at least ought not to bear more than their relative proportion in the expenses of the staff, it will scarcely be considered that the charitable purposes for which the St. Thomas's Hospital was founded have been fairly carried out by the partial relief of 12 per cent. of its inmates. The cost of each of these charitable patients appears to have been £1 12s. a week, while the average cost of the other patients is just under a guinea. The Commissioners distinctly state that these institutions are for the reception of persons whose means are insufficient for their support elsewhere.

The Report on the Yarmouth Military Lunatic Asylum, and on Fort Pitt, having been considered elsewhere, we may in this place omit further notice of these institutions.

The Commissioners are of opinion that the metropolitan licensed houses have manifestly improved since they came under their jurisdiction; but those for patients of the middle and humbler classes, both in the metropolitan and provincial districts, "do not keep pace in the march of improvement by which the country asylums of the first class are distinguished."

The Commissioners mention that a large sum of money has been paid by Dr. Bailey for the purchase of the establishment and goodwill of a licensed house near Southampton.

"A payment of this nature, in our opinion, offers a strong *temptation* to those who purchase, to curtail the comforts and accommodation of the patients committed to their charge, in an attempt to reimburse themselves out of the profits of the asylum."

No doubt that, abstractedly, there is reason in this opinion. Commercial principles are almost as invariable as the laws of nature; and, according to the law of supply and demand, a thing fetches what it is worth in the market. But did not the visiting justices who licensed Grove Hall to Dr. Bailey take the trouble to convince themselves that his personal character was such as to render it improbable that he would curtail the comforts of his patients, in order to enlarge his profits? If they did not so convince themselves, they and the Commissioners have the power of constant visitation; and the former have the further power of revoking the license, whenever such visitation has convinced them that it has been granted to an unworthy person. *The large sums of money which are readily procurable for the purchase and good will of licensed houses of bad character and parsimonious management, are credentials of their inefficient visitation, or of want of energy in the administration of the law.*

Four interesting cases are detailed, in which patients who had been found unmanageable in licensed houses, except by means of mechanical restraint or of constant seclusion, were, on the recommendation of the Commissioners, removed to other institutions, where they were treated differently, with the most beneficial results. Such practical demonstrations of the power of the new system to reclaim the most unmanageable cases cannot fail to convince the most obstinate adherents of the old methods of management, by the influence of that logic which they are best able to understand, namely, by appeal to the *argumentum ad crumenam*. The loss of a few patients whom they cannot manage, except by the aid of the jacket or the dark cell, and whom others manage and cure by gentler methods, will prove to them that, in the long run, the jacket is not the most *profitable* means of providing for the cure and treatment even of violent lunatics, which was for them the thing to be done—Q. E. D.

The next subject for report is the defective medical arrangements at the Norfolk Asylum. As it has been treated on at greater length in the pages of this journal, it is unnecessary again to refer to it, except to state that the Commissioners take exactly the same view of the subject which we have done.

“Without entering into the merits of this dispute between the officers of this institution, we are disposed to attribute any evil attending it to the rules of the asylum, which deprive the medical officer of powers which ought properly to belong to him, and give them to non-professional persons, who, necessarily, cannot be fully competent to exercise them.

“It appears to us to be of the greatest importance to the well-being of these large public institutions, not only that the resident medical officer should have paramount authority therein, but also that he should be liberally remunerated.”

It is easy to see through the veil of official reserve, that they think Dr. Foote was very ill used in this matter.

The frequency of medical visitation of single patients (once a fortnight) has frequently been diminished under circumstances appearing to justify the relaxation; the returns of these medical visitations of single cases are stated to be far from complete. We are glad to observe that the Commissioners have the whole of this subject under their consideration; it is, in our opinion, one of most pressing and urgent importance, and we entertain a very strong conviction that the Commissioners are entirely ignorant of the very existence of large numbers of insane persons, kept too often at the homes of their relatives, in squalor, filth, and misery; or farmed out in obscure

localities, where no medical man ever sees or hears of them. The absurd exception which excludes patients who are not kept for profit from all visitation, is a mesh, or rather a gaping rent in the legal net, which will easily let through all offenders against sec. 90 of the Private Asylums Act. The judges also have got it into their heads that the lunacy statutes were "never intended to interfere with the domestic management of the insane;" as if this so-called domestic management was not by far more frequently characterized by cruelty and neglect than any other management whatsoever. We sincerely trust that the Commissioners will succeed in bringing "the entire class of single patients fully within their own cognizance."

On the subject of the greatly increased number of pauper lunatics, the Commissioners make some most valuable and judicious observations. It appears that during the last eight years the number of pauper lunatics in asylums, registered hospitals, and licensed houses has increased from 9,652 to 15,822, being an increase of upwards of 64 per cent. This, it is truly observed, "may appear at first sight startling, and has led some observers to infer that insanity, as a disease, has been increasing in this kingdom in a greatly more rapid ratio than its population." The Commissioners, however, demur "to so painful and disheartening a solution," and give several reasons for the opposite opinion.

In the first place, they think that the increased care and skill employed in the treatment of the insane poor have had the effect of greatly prolonging the duration of lunatic life in asylums, and have contributed, in no small degree, to the accumulation of chronic and incurable cases.

They refer, in the second place, to the more prompt care and treatment which the stringency of statutory enactments has provided for recent and violent cases, by means of which insane paupers who would aforetime have been harbored in work-houses, or allowed to live on miserably on a parish pittance, are now removed at once to the county asylum.

We do not think the Commissioners are correct in estimating this operation of the law as one cause of the accumulation of chronic lunatics; on the contrary, we entertain the opinion that it affords the most powerful agency to counteract that tendency. The earlier the period at which violent and recent cases are placed under care and treatment, the less the probability that they will become chronic and incurable; and thus we believe that the stringent provisions of the law tend to prevent the accumulation of chronic lunatics. We think that the third reason assigned by the Commissioners accounts for the

increase of pauper lunatics in asylums to a much greater degree than all the other reasons; it is thus stated:

“It is obvious, also, that the attention of medical practitioners (as well as the public generally) has of late years been led to take a far more comprehensive, as well as scientific, view of insanity in its various aspects, and to consider as properly falling under it many forms of the disease, which, from not exhibiting any strongly developed symptoms, were in former times wholly overlooked, although, with a view to their cure, it might be of essential importance that the best remedial treatment should be applied to them with the utmost promptitude.”

Advancing civilization increases the number of lunatics in a country in two ways—it multiplies and intensifies the causes of insanity, and it sharpens the discernment of the public as to its existence. By increasing the public sensibility and humanity, it renders the separation of the lunatic from his fellow-men necessary, and enjoins the provision of due care and treatment for him. The crazy imbecile, who, five hundred years ago, would have been the privileged provoker of rude jest and merriment in the baronial hall, and who, fifty years since, would have roamed the hamlet or the fields, exposed to the persecutions of malicious urchins, on whom he would occasionally wreak a frantic revenge, is now protected within the precincts of a county asylum, and forms one of the aggregate of chronic patients, tranquil, occupied, self-respecting, and happy. At the present day, society neither chooses to incur the danger of monomaniacs at large, nor the disgust inspired by idiots; it insists upon separating from itself these, its imperfect members, partly from motives of true humanity, and partly from selfish motives of fear or of outraged sensibility; and the result of a great accumulation of chronic lunatics in asylums ought not to cause surprise by its amount, nor complaint on account of its expense.

The Commissioners show that during the same period of time in which the pauper lunatics of England and Wales have increased 64 per cent., the number of private patients has only increased from 4,065 to 40,671, or about 15 per cent.—a fact which they justly consider confirmative of their opinion, that the increase of insanity is, in a great degree, to be attributed to its having become more completely and generally recognized, and that it is, indeed, more apparent than real. The Commissioners make some judicious and humane remarks upon the practice which has sprung up of sending insane persons to county lunatic asylums who are far removed from the condition of paupers; the transaction being effected by arrangement between the relatives of the patient and the parochial officers. This has been a cause of complaint,

because it tends to preoccupy the asylum accommodation intended for the true pauper lunatic; but the Commissioners think that the statutory definition of pauper, as "every person maintained wholly or in part by, or chargeable to, any union or county," seems to countenance, if it does not justify, the practice; and they think that the prevention of this practice would often lead the relatives, who would otherwise contribute to the support of such patient, to throw themselves and the patient entirely upon the parochial funds. There is much justice in these observations; but the practice, nevertheless, appears to us an evasion of the spirit of the statute; and it is certainly one which, unless watched, may creep into a great and glaring abuse. The upper classes have already shouldered the middle classes out of many of the charitable institutions of the country, and it would now seem that there is some probability that this kind of encroachment will go one step lower, and that when disease and distress overtake members of the middle class, they will not disdain to eat the bread of the pauper.

As an instance of the extent to which the abuse above referred to may be carried, we may mention that we once ourselves admitted a girl of eighteen, as a pauper lunatic, into a county asylum, whose father was worth a hundred thousand pounds, and who was herself an heiress to the amount of ten thousand pounds. Her miserly father brought her to the asylum strapped down to a seat, in an open cart, and with a strait waistcoat on. She happily recovered, and rode away from the pauper institution in the style of an equestrian young lady in Rotten Row.

The Commissioners also refer to their own exertions in removing no inconsiderable number of insane poor from work-houses to county asylums, and they conclude with the following observations:

"If all these considerations are taken into account, it will excite little surprise that the strenuous efforts which of late years have been made in England to provide for the insane poor in public asylums should have been unable to keep pace with the growing demand for such provision; and that a large and every year augmenting mass of chronic, and probably hopeless, cases should become accumulated in these institutions, occupying much of the available accommodation there, to the exclusion, it is to be feared, of many other cases, to which, as being of recent date, the earliest remedial treatment would be most important."

Notwithstanding the great number of lunatic poor in the asylums, the Commissioners estimate the number of insane persons receiving parochial relief, and not in asylums, at no fewer than 10,500, of whom about one half are detained in workhouses, and one half are living at

large with relatives or strangers. The Commissioners consider that this large number of lunatics are only "to a limited extent under their cognizance." We are somewhat surprised at this avowal, as it is perfectly obvious that no class of the insane poor stand so much in need of the cognizance of the Commissioners in Lunacy as this does. Once placed in an asylum, the insane pauper is under the protection of a staff of responsible officers and a board of visiting justices, and certainly stands less in need of the cognizance of the Commissioners in Lunacy, in proportion to the amount of care and protection thus afforded. But it is notorious that the insane poor that are confined in work-houses are protected from cruelty and ill treatment in no such manner; neglect, indeed, must necessarily be their lot, for the union houses have no class of persons charged with, or responsible for their care. The functionaries of such institutions generally consist of the master and matron, the porter, cook, schoolmaster, and infirmary nurse; these have their hands full of their own peculiar duties, and the charge of any insane inmates falls to the lot of the other pauper inmates, who may fairly be excused for objecting to the aggravation of their privations and confinement by the companionship of wretched and mindless beings, whose habits are too often offensive and disgusting by day, and destructive of repose by night. It is not to be expected that the sane inmates of union houses should be remarkable for their good sense, humanity, or forbearance. On the contrary, they form one class of the outcasts of society, and if their lunatic companions are not absolutely persecuted by them out of mere malignity, it certainly is not to be wondered at that they should sometimes use very harsh measures to prevent the quietude of their dormitories being disturbed by the restless habits of insane persons, so unjustly thrust into their fellowship. The Commissioners state that four-fifths of the insane paupers in work-houses may be described as harmless imbeciles, and that "in the remainder the infirmity of mind is combined with or consequent upon epilepsy, paralysis, or is merely the fatuity of superannuation or old age;" and comparatively few come under the description of lunatics or idiots, as the terms are properly understood. We entertain, however, little faith in the harmlessness of such imbeciles, believing that a large proportion of the catastrophes which have arisen from the violence of persons of unsound mind have been caused by individuals of this class. Perhaps this fact, which the records of criminal justice will amply illustrate, may be explained by their being more subject to persecution and annoyance, and by their receiving less systematic supervision than any other class of persons. We certainly think that insane paralytics and epileptics need a full share of care and protec-

tion. Of the 5,000 insane paupers living with their relatives or strangers, on a parish allowance, the Commissioners admit that their information is comparatively scanty; that this class very seldom falls within their personal observation, and that their knowledge of them depends almost entirely on annual returns received from clerks of boards of guardians, and on the quarterly returns of medical officers of unions. We entertain a strong conviction that there is only one other class of insane persons whose unprotected condition more imperatively demands the full cognizance of the Commissioners than these 5,000 insane paupers living with relatives or strangers, of whom the Commissioners admit that they know next to nothing. The class which most needs their cognizance is one of which they know still less,—one of which no returns are made, either quarterly or annually,—one subjected to no visitation, and under no protection; it is the class of insane persons living with relatives, or with strangers, and not in the receipt of parochial relief. From our own personal observation and inquiries, we are convinced that this class is a very large one. We know scarcely a parish that does not contain examples of it, and we venture to affirm that in England and Wales there is a much larger number of insane persons living as single patients, ostensibly not kept for profit, of whom the Commissioners in Lunacy receive no returns, of whose condition they know nothing, and of whose very existence they are ignorant; that of such persons there is a much larger number than of those who are confined in licensed houses and registered hospitals, upon whom the cognizance of responsible officials, of visiting justices, and of lunacy commissioners appears to be fixed and concentrated. We trust that in the new Lunacy Bill, which we understand to be in preparation, any deficiency of power which the Commissioners may labor under for extending their knowledge and their influence to those insane persons who most of all need their protection will be fully remedied, and that in future reports they will not have to speak of large classes of the insane who are only to a limited extent under their cognizance.

The Commissioners report that the condition of the lunatic wards which are attached to some of the larger work-houses is extremely unsatisfactory. Patients are often placed in large numbers in these wards, “where, with really far more personal confinement than in asylums, they have far less of physical comfort, and little chance of skillful and systematic treatment.” The inmates are left without occupation or amusement. The pauper “attendants are either gratuitous, or so badly organized and so badly requited that no reliance can be placed on their services.” The Commissioners have used their best endeavors

or remedy the obvious defects of these places of detention, while they abstained from giving any official sanction to their construction.

We know not what inference to draw from the wretched condition of these places, unless it be the irremediable parsimony of boards of guardians, and their unfitness to have the charge of their insane poor. We are aware of no other obstacle, except this unfitness, which should prevent the lunatic ward of a large work-house from being constructed as commodiously, and furnished as suitably with all means and appliances for the comfort of the insane, as a ward in a county asylum. We trust that, in any future agitation for legislative enactments which would give to rate-payers or guardians any new control over pauper lunatics, the Commissioners' report on lunatic wards will not be forgotten.

On the subject of attendants upon the insane the Commissioners justly remark, that the skill and judgment of a superintendent or proprietor are of no avail, unless he be zealously supported and his orders effectually carried out by an adequate staff of well-qualified attendants. They should "combine firmness and gentleness," and be able by their education and habits to superintend, direct, and promote the employment and recreation of the patients. The Commissioners state that a marked improvement has taken place in these respects; but at the same time they mention the unpleasant fact, that a great and increasing difficulty exists in procuring good attendants. We are of opinion that it has become the fashion to expect somewhat too much from this most important class of servants, or rather, perhaps, we ought to say, to expect incompatible qualities from them. We are somewhat like the man who attempted to keep a pair of horses, which he sometimes hunted, sometimes drove in his phaeton, and sometimes attached to his plough: draught work made them fall and break their knees when he rode them, the plough spoilt their appearance for the carriage, and their hunting experience made them run after a cry of hounds with harrows at their heels, which completed the experiment by laming and foundering them.

We expect attendants to combine firmness and gentleness. It is a prettily turned phrase, but how many of us combine a due proportion of these qualities? Surely, if attendants possess gentleness, patience, and good sense, the quality of immutable firmness may well be excused to them. On occasions when it is really needed, let it be exercised by the superintendent.

They should be educated, and their habits should enable them to promote and direct employment. But are not habits of industry, which may be taken to mean agricultural employment, somewhat unusual

with an educated state? Surely we expect from them as various uses as were served by Hudibras' ladle-handled dagger, which cut bread or broke a head, melted bullets, boiled pullets, &c. The true wisdom in the employment of attendants is to keep them cheerful and happy; not to oppress them, or expect too much from them; to develop their good qualities, and to know how and when to correct lightly, or even to wink at their little faults. Thus only shall we get them to discharge their duties, always arduous, and often odious, with right good will. Good officers make good attendants, and bad ones drive them away, or spoil them. Next to the influence of bad attendants upon patients, there is nothing more unpleasant to notice than the harsh treatment of attendants themselves, by arrogant and exacting officers. Constantly to suspect confidential servants is the way to ensure eye-service and deception, the privileges of the oppressed.

The Commissioners recommend the system of head attendants, and, we think, with justice; but it is not always an easy matter to introduce such an officer over the heads of old and tried servants, who have for years held themselves responsible to the master only. The lady-companion for female patients of the upper class is also pronounced to be most useful. This improvement has been imported from Dumfries, an institution where enterprise in ameliorating the condition of the insane, by every possible means, is ever active. We learn from the last report of its most able physician, that a lady of fortune has devoted her time and her means to this new kind of employment. A Miss Nightingale among the mad folk. All honor and success to her noble self-devotion!

The Commissioners conclude their remarks upon attendants by a notice of their register of those dismissed for misconduct. They might have told us that this register was a failure, and that neither superintendents nor proprietors will accept their interpretation of the statute, and understand a servant leaving to prevent dismissal, as actually dismissed. Neither do superintendents apply to know whether applicants for employment are in this black book or not, seeing that it is far more direct and satisfactory to apply at once to the superintendent in whose service the applicant has been. The only possible method by which the Commissioners could have rendered their black book serviceable would have been to have circulated its contents among superintendents. But this they ascertained would have rendered them liable to actions of libel, so the whole affair is practically a mere *brutum fulmen*.

Finally, we are deeply obliged to the Commissioners in Lunacy for

their most excellent report, replete as it is with valuable information and important suggestions. The style, also, is earnest, vigorous, and pure, and an immense improvement on that of some former reports. We are indebted for this to the skillful pen of Mr. Proctor. We have discussed some of the subjects on which it treats, with freedom and candor. In doing this, however, we have felt most deeply the respect due to the high official position, extended information, and untiring philanthropy of its authors; while, at the same time, we have not been forgetful that our own long and practical experience on these subjects justifies a free discussion of controvertible points, and an independent expression of earnest convictions.

J. C. B.

ARTICLE V.

THE MASSACHUSETTS LUNACY COMMISSION.

The Commission of Lunacy appointed by the resolution of the Legislature of Massachusetts, during the session of 1854, presented in March, 1855, as the results of their labors, the able report, a review of which, by the late Dr. Beck, appeared in the October number of this Journal. The Joint Standing Committee on Charitable Institutions, to whom the matter was referred, reported a bill to establish a third hospital in the western part of the State, and accompanied it by a report, from which we make the following extracts:

“The causes of insanity are as prevalent and active among us as ever, and every year produces its own supply of the insane. This year will produce as many new cases of mental derangement as the last, and the next will produce as many in proportion to the population as this. Of course, those who are not healed will be added to the number of the permanently incurable. This annual addition ought not to be more than one-fifth of all who are attacked. The other four-fifths should be restored to health and power of self-sustenance and general usefulness.

“However willing the people and the authorities might have been to heal all of their insane friends and wards, they could not have hitherto accomplished this purpose; nor can they now, because there have not been, nor are there now, sufficient means.

“It is a well-established principle, that the insane cannot recover amidst the ordinary circumstances and influences of home as those who suffer from other diseases, but they must be removed from the familiar associations and scenes to others which are new and strange to them.

“Diseases of the mind are affected by the influences that reach it. It is necessary, therefore, that these should be controlled, and that only such as are favorable should be allowed to reach the patients. This can be best done in the hospitals, where everything is arranged for, and adapted to, the condition and the wants of those who are submitted to their care. In these institutions the curable are healed, the violent are subdued, the excitable are controlled, and those who are elsewhere troublesome are there easily calmed and managed.

“But these means of cure and of control have never been sufficient to meet the wants of all the sufferers from insanity. From the beginning our hospitals have been filled. Although the McLean Asylum and the Worcester and Boston Hospitals have been enlarged from time to time, to satisfy the pressing demands for their accommodations, their wards have been immediately occupied by those who were near, or whose friends best understood their advantages; but at no time has the supply been sufficient for the real wants of all who could and ought to profit by them. Consequently, many of the insane of Massachusetts have never been able to enjoy the influences of a hospital, and many others have been sent there only after their day of healing was past. These have, therefore, remained uncured and incurable, and their friends, or the towns, or the State have been and are obliged to support them as long as they live.

“Now the hospitals are all filled, and some are overflowing; and yet there are six hundred and five insane persons in the State who are not in any such institution, but who ought to be there. Two hundred and ten of these have been deranged but a few months, and are, therefore, curable; they need the hospital to restore them to health. Ninety of these are violent and dangerous; they need the custody of a hospital for the safety of the community. Four hundred and eight of these are excitable and troublesome; they annoy their families and disturb their neighborhoods, and should be confined for the sake of the public peace.

“Unless some means besides those now provided are offered for their cure, these two hundred and ten recent cases will ere long become incurable, and their support for life will be entailed upon their friends or the community. These violent and the excitable patients are now cared for at their homes, with great trouble and cost, by those who have charge of them, and with some danger and much annoyance to their

families and neighborhood. These six hundred and five are the surplus over and above those for whom the means are furnished in Massachusetts for the healing or the protection of its insane people. Their claims come to us in a manner not to be resisted. The curable ask to be restored to health and usefulness, and to the power of self-sustenance; the others ask to be protected from evil, and saved from the danger of injuring others. These speak not for themselves alone, but also for those who will follow in their train, and become insane in this and the succeeding years, as they have.

“Insanity is produced by manifold and various causes and circumstances. Some of these are inherent in man, some are created by the customs of society, and others are allowed, and even encouraged, in the social law; all of them are, or have been, present with us; and they will continue to be active among us until the character and influences of our civilization shall be changed.

“It is just and reasonable that every age and every year should meet and discharge its own responsibilities, and bear the burdens which it creates or permits to be created, and transmit the world, with its privileges and advantages, unburdened and untrammelled, to those who come after it.

“There is a natural and an honorable aversion to incurring debts. It seems neither right nor generous that the people of any year, or of any generation, should assume an obligation by the creation of any good, or for the enjoyment of advantage, or for the endurance of any evil, and then throw the responsibility of meeting and discharging it upon their successors. This is often done; but it is never justifiable except when the advantage that is to be immediately gained is also to be transmitted to, and shared by, the succeeding generation who are to pay, or where the evil to be endured is one of great magnitude and rarely repeated, whose burden should be divided among others as well as those upon whom it first comes.

“The creation or the development of insanity is practically a debt, which the friends of the sufferer or the public treasury must inevitably discharge, either by paying the cost of its removal or for his support during life. It is an obligation of the surest fulfillment; for the town or the state is necessarily the endorser of every insane person, and binds itself to pay all the expenses of his sickness and sustenance that his own estate or his friends do not, however long it may be needed.

“The question, then, is, whether this obligation should be discharged at once, by taking immediate measures for the cure of the patient, and paying the due cost manfully and generously, or whether, by the neg-

lect of these measures, this obligation shall be thrown upon future years, requiring each to contribute an enormous proportion to sustain it.

“The people in any year may build a hospital, and borrow the money needed for its cost, with the engagement to pay it at a future period. In this way they throw the responsibility of payment upon another year and age; but with the debt they transfer the property, the hospital for which it is created; and those who are thus required to discharge the obligation receive also a fair equivalent, and no injustice is done.

“But if the present year creates, or allows to be created, any cases of insanity, and fails to discharge its obligation of curing it, and, by neglecting to use the proper means, throws the burden of supporting the patient through life upon the future years, it transmits with this obligation no property, no value, to compensate for the payment, and those who pay it receive nothing but the ruins of humanity from the hands of those who created it.

“In the creation and the payment of an ordinary debt, the year which incurs it, and the intermediate years, pay only the interest, and the last year only pays the full amount. But in the obligation of supporting permanent insanity, the first and the succeeding years, as well as the last, each and all, pay the same—almost as much as would have been required to pay it all off at once, by curing it in the beginning. In the case of the common debt it is paid only once, and the property is received with a clear title; while the other years, which pay the interest, enjoy and have the use of this property in return. But in the case of insanity, the obligation is multiplied and discharged almost as many times as there may be years in the patient's life; and they who annually pay it have suffering, anxiety, and loss, rather than enjoyment and profit.

“It is, then, no more than the common wisdom that is applied to the ordinary business of life, to take such measures as will secure the early treatment of the insane, and give them the best opportunity of restoration that the age affords, and by this means reduce, in the future at least, the number of permanent lunatics to that small proportion whose malady is, from its very nature, incurable.

“As there are not hospitals enough to admit all who need them, it is necessary to build more; but neither the patients who want them, nor their friends or guardians, can do this, nor is it well to leave it to private speculation to build them.

“Considering that the state and its towns are the responsible indorsers of every person that becomes insane, and must pay the cost of his restoration at once, or of his support during life, however long that

may be, provided his friends cannot do it ; considering, also, that this responsibility has become so great that the public are now supporting 1,522 insane persons in and out of hospitals, at the cost of more than one hundred and sixty-four thousand dollars (\$164,724) a year ; that 1,262 of these are incurable, and claim a life support from the general treasury, and that about half of them were self-supporters until they lost their mental health ; considering, then, how great and unavoidable an interest the body politic has in every case of insanity, it is a reasonable economy and a good investment of capital for the commonwealth to build all the hospitals that may be needed for the early and prompt cure and the proper management of insanity.

“As the demand upon the public treasuries for the support of insanity, which the state and the towns recognize and pay, knows no other limit than the number of the insane and the length of their disease, or the duration of their lives, so the duty of providing the means for their cure and protection should be measured only by the necessities of those who should profit by them.

“In view of these principles, and of the six hundred and five insane persons in Massachusetts who need the accommodations of a public institution suitable for their cure or their protection, the Committee advise that the state now build another hospital, and place it in one of the four western counties.”

The ability with which the Report of the Commissioners has been prepared, the hearty response of the Legislature to the views advanced, and their prompt action, show most conclusively that a wiser and more humane policy is beginning to influence our legislative bodies in providing for the insane. The publication, in the *Boston Medical and Surgical Journal*, of a letter from Dr. Jarvis, in behalf of the Commissioners, expressing to the medical profession and others their obligation for assistance rendered them in the prosecution of their labors, has called forth, in a recent number of the same journal, the following editorial remarks :

“We cannot let the subject pass without a few more words of comment. The facts brought to light by the Commissioners proved to be an appeal, whose eloquence, louder than words, and more effective than any oratory, has wrought alike upon the minds and hearts of those whose action was needed. In no other way, indeed, could the results, upon which every one must look with pride and gratitude, have been obtained. It was only necessary to offer the convincing proof adduced by the Commission to an appreciating body of men. The labor was great, but it has been well rewarded in the attainment of its objects,

to an extent which we believe the most sanguine could hardly have expected.

“It may be well to advert, briefly, to certain of the facts which have come to our knowledge.

“For a period of *seventeen* years there had been no new hospital prepared for the rapidly increasing numbers of the insane in Massachusetts, and no new accommodations, even, for six years, when a large and respectable commission, after a careful and laborious survey, represented the necessity of action to the legislature of 1849, presenting facts sufficient to make their statements valid throughout. The appeal was fruitless, and nothing more was done till 1851, when the Taunton Hospital was decreed. It was built, and *filled* almost as soon as erected. Its occupancy dates back to April, 1854.

“Within a year after this was effected, a proposition was put forward for a third hospital, grounding the application upon the array of undeniable facts which the Commission ascertained from the medical profession, in their recent survey of the state, and which showed the great number of the insane yet unprovided for, and their probable increase, and demonstrated the imperative necessity of further accommodations.

“The proposition was received with favor, and found active friends in both branches of the Legislature; the Committee on Charitable Institutions took charge of the Commissioners’ Report, after having had it read to them in manuscript by one of the Commissioners. From the fact that it covered 350 pages, it may be imagined that much time was occupied in reading and hearing it. In fact the Committee devoted several evenings to it with great cheerfulness. They were satisfied with its assertions (all ratified by figures), consented to its proposals, and recommended them to the Legislature for acceptance and fulfillment, and also that a large edition be printed for circulation throughout the state. The Legislature subsequently ordered the Report to be laid upon the table for further consideration, and also that, in addition to the usual number of 1,600 copies stricken off, 5,000 should be printed; thus showing their entire appreciation of its value and pressing importance. Afterwards, 3,500 additional copies were ordered for the use of the Commission, and as many to be bound as were necessary for distribution among the physicians of the state, &c. In all, 10,100 copies were issued.

“So fully were the members of the Legislature impressed with the undeniable need of all that was proposed by the Commission, that when the matter came up for decision and the voting of appropriations, there

was no debate at all; no speeches for or against the measure; all were prepared to support it and through every stage of the progress of the the measure there was no dissenting voice or vote. There was not even a doubt manifested or a question raised—publicly, at any rate—as to its propriety. Truly, this was a most gratifying thing to the Commissioners, who had toiled so well in a good cause, sadly neglected for so long a time! Even the Governor, who had feared that the treasury was already exhausted, and felt that he could sanction no more grants except such as were imperiously demanded, said that such an array of facts required his signature.

“Not only was the law passed establishing this third hospital, but the conditions, and the manner of imposing them, were altogether the most favorable. The bearing of the legislative Committee, and of the members at large, towards the Commissioners (who in this case represented the medical profession), was a matter of peculiar satisfaction. The most agreeable relations were established. The Commissioners were requested to draw up a bill expressing their views; the Committee on Finance, without hesitation, asked how much money would be required for the purposes desired to be effected, and at once accepted the stated sum (\$200,000); the Legislature unhesitatingly voted it, and the hospital was established.

“This is one of the freest and most liberal grants ever made in this state or elsewhere for charitable purposes. When the Worcester Hospital was created, small grants were made at different times. In the case of the Taunton Hospital, one half of the requisite sum, only, was ordered at first; thus the buildings and other operations were materially cramped and delayed. In the instance of the third hospital, however, the whole \$200,000 was granted and made available at once; the Building Commissioners knew the whole extent of their means, and that they were sufficient for all their purposes. These results are due to the confidence which the Legislature and men of influence have in the medical profession, and which each member placed in his own physician and others of his acquaintance, who he knew had contributed a part of the facts, and had apparently sanctioned the conclusions drawn from them.

“The efforts of the Commission set the machinery in motion which operated so widely and so well; and the willing concurrence of the medical men of the state was most effectual and gratifying.

“As this is the first time that our whole state profession has appeared before the Legislature, and as in this they have been completely successful, it is a matter for congratulation, both on account of their almost universal co-operation, and also of the manifest hold they have upon the

confidence of the people and of those who represent them in the government. And it should furthermore encourage physicians to unite and exert themselves in any cause worthy of such an effort. How many such there are, and how much might be effected by the combined wisdom and strength of a profession, the vast majority of which is actuated by motives of the purest philanthropy!

“The examples we have in the zeal and efficiency displayed by the Commissioners upon Lunacy, and in the noble concurrence of the Massachusetts Legislature of 1855, are, in their views and wishes, worthy of universal admiration and imitation.”

ARTICLE VI.

BIBLIOGRAPHICAL.

REPORTS OF AMERICAN ASYLUMS.

I. *Reports of the Trustees, Steward and Superintendent of the Maine Insane Hospital*, 1854. Augusta, Maine, 1855.

The Trustees of the Maine Hospital report that, during the past year, the appropriation granted by the previous Legislature has been applied to the partial erection of another wing which, when finished, will materially increase the capacity of the institution. The early completion of this wing is represented as very desirable, in order to afford accommodation for a large class of females now confined, from the necessity of the case, in a detached cottage, “which it is found impossible to make a suitable place for patients.” An additional appropriation is asked for this purpose.

The Trustees, in the following extract, again urge upon the Legislature the repeal of a law passed in 1849, to which we have before called the attention of our readers. The case cited is certainly strong enough to carry conviction to the mind of any legislator, and it is a matter of surprise that its repetition has been found necessary.

“The Trustees would call your attention to that portion of their report of last year which refers to the discharge of patients from the Hospital. Formerly a patient could only be discharged by the Superintendent; but there was an appeal from him to the Trustees. By the law of August, 1847, an appeal was given to two justices, *quorum unum*. By the

law of August, 1849, the municipal authorities of the place to which the patient belonged were authorized, when he had been confined six months, to inquire into his case, and to remove him if they thought proper, however strongly the Superintendent might remonstrate against it. Practically, no investigation takes place; but, in some small towns where selfish feelings are not restrained by a wholesome public sentiment, the selectmen, for the sake of a reputation for economy, will sometimes remove the most dangerous homicidal patients. A strong case was mentioned in last year's report. Ward, who, in a fit of insanity, had maimed his brother for life, was sent to the Hospital. At the end of six months he was removed by the selectmen of Whitefield, against the remonstrances of the Superintendent. He was then set up at auction to be kept by the lowest bidder. Subsequently he murdered his best friend, Michael Skene, for which he was tried during the present year, and is now at the Hospital, at the expense of the state, the town of Whitefield thus saving two dollars a week by the murder of one of its most respectable citizens. The trustees cannot too strongly urge the repeal of the law of August, 1849, giving persons incompetent to form a correct judgment in the case, the power of removing dangerous patients from the Hospital."

Early in August an epidemic of *diarrhæal dysentery* made its appearance in the institution, and continued three months, during which time ninety were seized with the disease, seventeen of whom died, sixteen patients and one attendant. At the suggestion of several distinguished physicians, a thorough examination of the asylum was instituted, to endeavor, if possible, to ascertain the cause of the sickness and prescribe a remedy. Drs. Hubbard, Briggs and Hall, gentlemen of high professional standing, accordingly made a thorough investigation of the premises, but were unable to discover any adequate cause for the existence of the disease.

In the midst of the epidemic, Dr. Harlow, the Superintendent, was himself prostrated by the prevailing disease, and was for a month unable to discharge his professional duties. In addition to the unfortunate prevalence of a severe epidemic within its walls, and the inopportune illness of its Superintendent, the institution was unprovided with an assistant medical officer, and its trustees were obliged to seek the aid of a neighboring physician, who, however able he might have been as a practitioner, was unacquainted with the circumstances attending each patient, and which, if known, would modify the treatment, and necessarily unaccustomed to the use of the varied appliances, a familiarity with which is at such a time especially desirable. Under these circumstances, therefore, it is not surprising that in the history of the epidemic the attendant mortality was large. After this sad experience the Trustees were satisfied that the appointment of an Assistant Physician should not be longer delayed.

Dr. Harlow presents in his report the following statistics:

	Males.	Females.	Total.
Remaining, Nov. 30th, 1853	61	58	119
Admitted during the year	57	53	110
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Whole number treated	118	111	229
Discharged during the year	56	58	114
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Remaining, Nov. 30th, 1854	62	53	115

Average population, 129.

Of those discharged there were,—

Recovered	26	23	49
Improved	4	11	15
Unimproved	10	8	18
Died	16	16	32
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Total	56	58	114

Since the opening of the institution, in 1841, fourteen hundred and thirty patients have been admitted, five hundred and ninety of whom have been discharged recovered. As an interesting fact in the etiology of insanity, the records of the hospital show that of twelve hundred patients, whose history is therein contained, five hundred and eighty-six had insane relatives.

A greater portion of Dr. Harlow's report is occupied with the consideration of matters of local interest; from some general remarks introduced towards its close we make the following extracts:

“Errors in the early training and education of children have much to do in laying the foundation and paving the way for insanity. When this is added to an hereditary predisposition, as it sometimes is, few escape the awful calamity. Even in this point of view, how important and responsible is the position of parents, and all who have the training and education of children, especially when they have insane ancestors or blood relations! Children predisposed to insanity by hereditary taint should be allowed to follow their own inclinations only so far as tends to their best good, both in a mental and physical point of view. Nothing is more important—more conducive to mental health, than that they, from earliest infancy, be taught the principles of self-government. The individual who, in early life—through childhood and youth—never had his inclinations thwarted or his passions subdued, is but ill prepared to enter the arena of public life—to stem its mighty current—to brook the reverses and disappointments which meet him, almost at every point.

“There is a disposition, at the present day, to commence the intellectual instruction of children at a very early age, and push it beyond what the tender, plastic brain will bear; while the moral faculties—the feelings and affections—are left, with little or no culture, to follow

their own bent or inclination. Thus insidiously and silently much evil is often produced to the organ of the mind, that can never be eradicated. Not much is ever gained by unduly exercising the soft and delicate brain of childhood—by urging forward the tender, opening bud into a kind of hot-house growth, however the result which immediately follows may pamper and please the false ambition of doting parents. Few who exhibit precocity of intellect in their early years ever fulfill the expectation of their friends in after-life.

“ ‘No physician,’ says the *Quarterly Review*, ‘doubts that precocious children, fifty cases for one, are much the worse for the discipline they have undergone. The mind seems to have been strained, and the foundation for insanity’ is laid. When the studies of mature years are stuffed into the head of a child, people do not reflect upon the anatomical fact, that the brain of a child is not the brain of a man,—that the one is conformed and can bear exertion, and the other is growing and requires repose ;—that to force the attention to abstract facts,—to load the memory with chronological and historical or scientific data,—in short, to expect a child’s brain to bear with impunity the exertion of a man’s, is as rational as it would be to hazard the same sort of experiments on its muscles.’

“ We were most forcibly struck, in reading, not long since, an account of a class of students which graduated at one of our New England colleges, in 1827. It was found that of this class, numbering twenty-three, all but two had survived the lapse of a quarter of a century ; and it was also found that nearly every member of that class had arrived at adult age before entering college ; thus escaping that premature excitement and development of the intellect which paves the way to mental disease, and furnishes tenants for many an early grave.”

II. Reports of the Board of Visitors, Trustees, Superintendent and Treasurer, and Building Committee of the New Hampshire Asylum for the Insane, June Session, 1855. Concord, 1855.

The Reports of the several officers here presented bear evidence of the continued prosperity of the institution. In the New Hampshire Asylum, as in nearly all our public asylums for the insane, the demand for more extended accommodation has been deeply felt ; and, during the year which closes with the date of this Report, additional provision has been made, by the erection of a cottage, for twenty-four patients.

From the Report of the Superintendent, Dr. John E. Tyler, we extract the following statistics :

	Males.	Females.	Total.
Remaining, May 31st, 1854	77	84	161
Admitted during the year	45	40	85
Whole number treated	122	124	246
Discharged during the year.....	50	41	91
Remaining May 31st, 1855	72	83	155

Average population, 162.

Of those discharged there were,—

	Males.	Females.	Total.
Recovered	29	21	50
Partially recovered	11	9	20
Unimproved	4	5	9
Died	6	6	12
	—	—	—
Total	50	41	91

From a table presenting the general statistics of the institution it appears that, since its opening in 1847, the whole number admitted has been twelve hundred and eighty-four, five hundred and forty-one of whom have been restored to their usual health. Among those reported as “recovered,” during the year is a man of intelligence and education, who had been an inmate of the institution, for nearly eleven years.

The crowded condition of the Asylum, and the large number of applications for admission necessarily refused, induced Dr. Tyler, in considering the subject of increased accommodation for the insane of New Hampshire, to investigate the whole matter very thoroughly. In this connection he remarks :

“We have taken some pains to ascertain the present number of the insane in the state. Circulars have been sent to every city and town, and from the returns of these, and from other sources of information at our command, we find that, at present, some thirty-five persons belonging to this state are supported by their friends or guardians in hospitals in other states, and that there are now residing in the state more than five hundred and fifty insane persons, only one hundred and fifty-five of whom are in this Asylum. Of the remainder many are kindly and comfortably taken care of at home, or with friends, or at alms-houses ; but others are chained, and caged, and sadly neglected, in filth, and exposure to the inclemencies of the weather. Some instances of cruelty and neglect have lately come to our knowledge that, if known, would startle the neighborhoods in which they have occurred.

“These facts show very plainly the necessity existing for increased accommodations for the insane. It is not right to overcrowd those who are here, and thus interfere with their comfort and diminish the chances of their recovery. We can, during the coming year, take care of as large a number as we have done, and no more, without doing a serious injury to the whole ; and it remains, therefore, with the Legislature to decide whether all or a part only of those seeking admission here shall receive the benefits which this institution can give.”

III. *Eighteenth Annual Report of the Trustees and Superintendent of the Vermont Asylum for the Insane. August, 1854. Brattleboro, Vt., 1854.*

In the preparation of his annual reports, Dr. Rockwell confines himself to a simple detail of the operation of the institution under his care, on which account they are necessarily brief, and possess little of general interest beyond the statistics they present.

	Males.	Females.	Total.
Remaining, August 1st, 1853	183	189	372
Admitted during the year	77	86	163
Whole number treated	260	275	535
Discharged during the year.....	72	74	146
Remaining, August 1st, 1854	188	201	389
Of those discharged there were,—			
Recovered			80
Improved			12
Not improved.....			14
Died			40
Total			146

“Since the opening of the Asylum, two thousand and twenty-nine patients have been admitted; eighteen hundred and forty have been discharged, and three hundred and eighty-nine remain in the institution. Of the eighteen hundred and forty who have been discharged, one thousand and forty-eight have recovered, equal to 56.95 per cent. Of those placed in the Asylum within six months from the date of the attack, nearly nine-tenths have recovered.”

IV. *Report of the Board of Trustees of the Massachusetts General Hospital, presented to the Corporation, at their Annual Meeting, January 24th, 1855. Boston, Mass., 1855.*

The Report of Dr. Bell, Physician and Superintendent of the Mc Lean Asylum for the Insane, incorporated as usual in the above general Report, is very brief, and we are able, without intrenching upon our limits, to copy it nearly entire.

“During the year which has just closed, there have been received into this department of the institution under your supervision one hundred and twenty patients,—seventy males and fifty females,—and the same number has been discharged; of whom sixty-seven were males, and fifty-three females. The entire number under care has been three hundred and fifteen,—one hundred and sixty-four males and one hundred and fifty-one females.

"Of those discharged, following the customary approximations incidental to such returns, fifty-nine (thirty-two males, and twenty-seven females) have been registered as *recovered*; three males and four females, as *much improved*; eleven males and three females, as *improved*; ten males and five females, as *not improved*; five males and eleven females have *died* of various diseases. Six males and three females have been here, who do not properly fall under these usual descriptive terms. They were here only for a few days; generally for safe keeping, until friends could ascertain whether they could be admitted to other hospitals, and similar reasons, connected with the extreme pressure upon the Asylum for admissions. It seems necessary to repeat the expression of the hope, hitherto so earnestly set forth in our reports, that patients should never be sent hither without first communicating with the institution, and ascertaining whether vacancies exist. Patients, especially, who have previously been here, are often re-sent without notice,—a course calculated to bring great inconvenience upon their friends or ourselves.

"The endeavor has been made, with considerable success, to restrict the entire number of patients to two hundred. As there is a natural tendency to accumulate in the class of patients where protection only is looked for, the numbers admitted must in future be less rather than increased.

"I cannot but believe that the time is near, when the necessity of dividing this Asylum, and establishing a department for one sex elsewhere in the vicinity, will result in action. The financial experience of this establishment, for many years past, would seem to demonstrate, that the first outlay for such an addition to the means of treatment of those classes of the insane who are now mainly received here, would be all the demand needful upon the philanthropic and liberal of our community. With so much valuable experience as to the precise want to be met, the capital needed, as compared with the outlay on this spot, would be materially lessened.

"With this brief statement, everything seems to be communicated to your Board which can properly be of interest or advantage to the community. At this advanced epoch in the history of institutions of this kind, there can be no occasion for entering into the considerations, once novel and important, of the value of the hospital treatment of the insane. And the solid establishment of an able quarterly journal devoted to insanity among us, affords a much more appropriate channel for intercommunications touching our special duties, than the pages of our annual reports, which were formerly called into that service."

V. *Twenty-second Annual Report of the Trustees of the State Lunatic Hospital at Worcester. December, 1854. Boston, Mass., 1855.*

The present Report of the Trustees of the Asylum at Worcester is most interesting; and deserves something more than a passing notice. The institution under their care is as widely known as any other in this country, and was once regarded with feelings of pride by the Commonwealth, and held up as a model in construction and organization; but that high rank has been lost, and the institution has fallen, in a

measure, behind the age. The Board of Trustees, however, have not allowed themselves to remain satisfied with past usefulness, nor to be blinded by the brilliancy of its earlier history to its present condition, but, in an enlightened spirit of progress, have resolutely investigated the influences which have impaired its usefulness, and ably and earnestly urge upon the Legislature a more liberal and humane policy.

As the causes which have led to this effect are operative, not at Worcester alone, but in every public institution in the land, we cannot, we think, better subserve the interests of the insane, or more usefully occupy our space, than by making free extracts from its pages.

“Under ordinary circumstances, this Report might well be very concise, and confined to a summary of the principal events of the year; But, in the actual state of the case, in the present condition of the question concerning the provisions to be made for the insane of the Commonwealth, and in the prospect of legislative action upon the whole subject, greater diffuseness may be allowed.

“In setting forth the condition of the Hospital, and the remedies for its defects, it will be necessary to examine certain principles and modes of treatment, which, though familiar to professional, are not so to unprofessional readers. Arguments that would be held superfluous, considerations that would be deemed perfectly trite, by a body of physicians, may be appropriately addressed to those whose studies and occupations have not familiarized them with the subject of insanity, but who may be called upon to take measures for the cure and care of the insane of the state.

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“However far short the Institution may have fallen of doing the greatest possible good with its means, it certainly has continued to carry on, with marked success, the work of Christian charity allotted to it by the state; and another year of good deeds may be added to its history of beneficence. That history has been glorious in the best sense; and Massachusetts may reflect upon it with as much satisfaction as upon any part of her annals. Had she erected at Worcester a military academy and an arsenal, from which to draw men and weapons to conquer in a hundred fields, she could not have won such precious laurels as she earned within these walls.

“Since the opening of this Hospital, four thousand seven hundred and fifty-seven persons have been received within its friendly gates. Of these, two thousand one hundred and seventy-two have gone forth again clad in their right minds, or have partially recovered. Others, secluded from the world (which to them was one of excitement and suffering, while to it they were a terror and a burden), here pass their days peacefully, and receive that respectful attention due to every being in human shape, however ruined and degraded he may be; and those to whom the end comes, have their eyes gently closed in death by friendly hands. Nor have these only been benefited; for thousands upon thousands of relatives and friends have been relieved from dreadful anxiety, by the state thus taking charge of those beloved ones for whom they could do nothing.

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"It is agreeable to indulge in complacent retrospect of past efforts and acknowledged excellence. But it is a duty to be mindful of faults and shortcomings. It must not be admitted that anything which has been done in the past, or any success which has been obtained, can warrant a moment's pause in that long career of improvement which is clearly open before this Hospital. That career, indeed, must be pursued with unwonted zeal and energy, if the character once claimed for it, of being a model institution, can be regained and deserved.

"This Hospital was once indeed a model one, in form and in administration, and Commissioners came up hither from other states to study it, and went home to copy it. Our state felt a reasonable pride in the institution, and that in that remarkable and eminent man who so long ministered it; and she indulged in not a little self-gratulation from year to year. It seemed to be thought that, as we had begun with the country's highest achievement, we had also arrived at the ultimatum of the world's possible progress. But, while indulging in these pleasant remembrances of the past, and resting on our laurels, great improvements were made elsewhere: other hospitals were built on better models; other and better principles of administration were adopted, until now we find ourselves behind the rest of the world in respect to the facilities and the means which we give to those who have the care of our insane.

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"But when, besides the lack of these architectural advantages, a hospital is overcrowded with patients; when it is obliged to huddle together over five hundred and fifty persons in apartments constructed for only three hundred and twenty-seven, and constructed, too, when less space was thought to be requisite than is now found to be essential; when, moreover, the patients, instead of being partly drawn, according to the original purpose, from an intelligent and educated yeomanry, are drawn mainly from a class which has no refinement, no culture, and not much civilization even,—that hospital must certainly degenerate. Its degeneracy will be the more certain and the more striking, if a short-sighted economy tempts its managers to adopt the readiest, instead of the wisest, methods of treatment, and to choose the cheapest, instead of the best, system of administration.

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"The average number of patients during the year, and during many years, has been enormous. It far exceeds that for which the Hospital has accommodations. It constitutes a crowd. It embarrasses the administration. It lowers the standard of health. It diminishes the comfort and increases the excitement of patients, and the perplexities of attendants. It makes the whole household uneasy. It leads to, and perhaps justifies, the resort to objectionable methods of government, and to restraints which are injurious. It is a prolific source of other evils, too numerous to mention. It ought to be diminished, and kept down."

The Hospital at Worcester, as is the case in many of the public institutions for the insane in the northern states bordering upon the Atlantic, is gradually filling up with incurable insane of foreign birth. Although not prepared to indorse in full the views advanced upon this subject, we must admit that the difference in moral and intellectual

grade between the generality of the pauper insane of foreign and native birth is strikingly greater than between the indigent and the wealthier classes in our own country; and while the latter can be treated together without inconvenience, the commingling, in the same institution, of insane emigrants and those of native birth is, we believe, always attended with more or less embarrassment.

The remarks appended in regard to insane criminals are correct, and the impropriety of providing for them in public asylums is now very generally admitted.

“Of the two hundred and ninety-nine patients admitted during the year, one hundred and sixteen were foreigners, of whom ninety-four were Irish, and all paupers.

“The Trustees would not mention this fact, in the present state of the times, or they would mention it only to commend the laudable readiness of Massachusetts to care for the strangers within her gates, were it not an important one in view of the classification of patients, which they think it essential for every hospital to have the means of making, but which ours has not. It has been stated to the Legislature before, and it should be repeated, that the Hospital at Worcester is fast becoming a hospital for foreigners, and that its doors are becoming practically closed against that class of persons who for many years enjoyed its advantages,—to wit, the middling class of native population—the intelligent yeomanry of Massachusetts, who can afford to pay the cost of their board, and will not ask for charity. The proportion of Irish patients to the whole number was ten per cent. in 1844, but over thirty-one per cent. in 1854.

“The state should adopt as her children all who congregate upon her shores. She should make abundant provision for all, of whatever nation, kindred, tongue, or color, who, having found a home within her borders, do there become insane; but that provision, while as favorable as possible to their cure, should be suitable to their condition, their wants, and their capacity for enjoyment. It should be made, too, in such manner as not to cut off any class of her own children, who become insane, from sharing her maternal care and bounty.

“It is important and pertinent to the present subject, to bear in mind, that insanity does not change the nature of men and women,—that it does not always blunt their sensibilities, or lessen their prejudices; but that, on the contrary, it often intensifies them. Among the insane of this state are wives and daughters, widows and orphans, of farmers, mechanics, ministers, schoolmasters, and the like. These women were taught in our public schools, trained up in our proverbially neat and orderly households, and accustomed to cultivated society; and, however ready and willing they might have been, when sane, to help the poor, and elevate the humble, of whatever race or color, they would have shrunk most sensitively from living next door even to a wretched hovel, and from intimate association with those who are accustomed to, and satisfied with, filthy habitations and filthier habits. Now, they do not lose their sensibilities by becoming insane, and they ought not to have them wounded by being herded together in the same apartment with

persons whose manners offend and shock them. Besides, such associations do not promote the good of any patient, but may retard, and perhaps prevent, the cure of some.

"There is yet another class, who have, hitherto, been mingled indiscriminately with the inmates of our hospitals, but for some, at least, of whom the undersigned think that express and separate provision should be made, either within or without the common edifice,—to wit, criminal lunatics—those who have committed grave offences, but have been exempted from punishment by the courts on the ground of insanity; and those who, becoming insane while undergoing sentence, are transferred from the prisons to the hospitals.

"The presence of any of this class is an evil; and if the number should be much increased, it would be a very grave one. The hospital is a place of refuge for the unfortunate: to make it a place of imprisonment for criminals, is to throw painful associations about it. Nor is the objection merely a moral one. The presence of criminals, who are often desperate men, creates the necessity for greater means of restraint and security than would be required with ordinary patients, and it converts some part, at least, of the hospital into a prison. The criminal should be treated with care and kindness, but not at the expense of the well-being or the feelings of the innocent insane, or their families.

"Now, the presence of these two classes, in such large and increasing numbers, lowers the state hospitals in public estimation; and the consequence is, already, that they are less used by those who, though they cannot well afford to pay a high price, will seek the best accommodations for their insane friends."

Without assenting to all advanced, we copy the paragraph on mechanical restraint and seclusion, not that anything new is offered upon the subject, but because, as the views of non-professional men—yet of those practically acquainted with hospital management,—it may, perhaps, have more influence with boards of managers, legislators, and lunacy commissions than a medical essay.

"The sight of scores of men and women confined in cells, dignified by the name of strong rooms, or restrained in the use of their limbs by mechanical contrivances, has long constituted the most melancholy feature of this Hospital. In the mind of the visitor who doubted the necessity of this rude method of treatment, and who suspected that its adoption was the result of a parsimonious selection of the cheapest rather than the best method, the melancholy was not unmingled with sterner feeling.

"There is about the insane a helpless dependence that is more touching even than that of woman; so that the unnecessary abridgment of their personal freedom, or the needless diminution of their remaining means of enjoyment, is a wrong which, if done with intent, or through unworthy motives, should meet with indignant reprobation. It has been done in this Hospital, partly through a supposed necessity, and partly in consequence of the crowd of patients forced into it. It is still done in other public institutions where the insane are confined, and the matter, therefore, should, in every possible way, be brought before

the public; and appeals should be made to the intellect and the conscience of the people, until the wrong ceases.

"The assertion, that public opinion in New England is less enlightened than that of Old England with regard to the treatment of the insane, may seem strange; but, nevertheless, it is true. It is true, moreover, that here, in Massachusetts, practices are tolerated in some institutions* where the insane are kept, which would there be indictable at common law, as will be shown presently.

"There are in the Worcester Hospital forty-eight 'strong rooms,' or rather cells. They are built of stone or brick, precisely like prison cells, with grated doors and windows, apertures for putting in food, taking out vessels, &c. They are so contrived that they can be easily warmed, and cleansed from filth that offends the eye, but in all other respects they are unfit abodes for human beings. The older ones are perfectly detestable. Opened to the more enlightened moral sense of this day, they seem like the relics of a comparatively barbarous age. Well might the Trustees, in the Report of last year, ask, 'How is it possible that the furious, the violent, the indecent should ever be restored while occupying apartments unfit for the abodes of dumb beasts?' They might have added, that any sane man, unless an eminent non-resistant, would become 'furious and violent' by being placed therein.

"Even those cells, constructed at so great cost within a few years, are not fit habitations for the worst maniac, because they needlessly aggravate his malady and his misery. They, too, are stone cells, with iron doors and grated windows.

"These cells have been almost continually in use since they were built; and when the hospital was as crowded as it sometimes has been, their use has, doubtless, seemed absolutely necessary.

* * * * *

"Now, it can be shown that neither 'seclusion' nor 'restraint' of insane persons is necessary, saving in rare and exceptional cases, and then only for short periods of time and in ordinary rooms; first, by general reasoning; second, by experience in other places; third, by experience here at home within the last year.

"First, as to the general reasoning.—'Seclusion' of an insane person is a dainty word for expressing his imprisonment in a cell. Restraint is a dainty substitute for fettering his hands, or feet, or both, the fetters being of leather instead of iron.

"Insanity, as was remarked before, deranges, but does not alter, the nature of men. It often merely intensifies certain modes of mental action. It is especially apt to intensify the lower and peculiarly selfish propensities. In dealing with insane emotions and passions, we have often to deal with sane ones merely raised to a higher power.

"Human nature continues to pervade the motives, though the actions be ever so extravagant; as gravity pervades particles of matter that may be forced upwards or sideways by disturbing forces. We are to consider that opposition provokes to anger, and that the soft answer turns away the wrath of insane as well as of sane men. We are to consider the principle, that whatever directly represses the individuality, whatever restrains the personal liberty, especially whatever restrains the

* "There are twenty-three insane persons confined in prisons in Massachusetts, and one hundred and fifty-two under charge of jailors."

freedom of motion and locomotion, instantly excite opposition, temper, and rebellion. This is a sort of oppression of individual right and freedom which the most dull or deranged intellect can feel, and which every one instinctively resists.

* * * * *

“Now, the natural supposition is, that people are not utterly changed in these respects by insanity. So long as the senses are unimpaired, and the perceptive faculties, or any of them, are active,—so long as any reason remains (and its light is seldom entirely quenched),—so long must men be more or less subject to the ordinary laws of humanity.

“Secondly.—Abundant recent experience confirms the inference that would be drawn from *a priori* reasoning, and proves that forcible restraint of insane persons usually does more harm than good, and is very seldom necessary. Indeed, the great modern reformation in the treatment of the insane is founded upon this idea.

* * * * *

“In many American hospitals the principle of ‘non-restraint’ has been acted upon wisely, though without that attachment to a theory which leads some to forbid a resort to any mechanical restraint or forcible seclusion, even in those rare but not unknown cases which are manifestly benefited by their prudent use.

“The Trustees have long regretted that circumstances did not permit the adoption of this reform as fully at Worcester as in other American hospitals.

“A committee of the Board last year visited nine hospitals out of New England, and there found that, taking the whole number of patients, only one in three hundred was confined in a strong room, while at Worcester more than ten times that proportion of patients were so confined. There were less than six hundred patients; and yet the forty-eight strong rooms were almost continually used for the forcible seclusion of men and women, many of whom were raving, and whose wretchedness was, doubtless, increased by their imprisonment and restraint.

“The records of the Trustees will show how often and how strongly they have denounced these rooms as unfit places of habitation. But there was always a crowd of patients within the Hospital, and more pressing for admission. Those in charge deemed it necessary to use these rooms. Still, therefore, men and women were thrust into them, and made more furious by the confinement; and still many others were restrained by straps and various mechanical contrivances, who might have had freedom of motion, and the use of their limbs, if sufficient space and sufficient means of medical and moral treatment had been at command, and if there had been fuller faith in the efficacy of milder measures. The principal evil, and that which seemed to justify the use of so much seclusion and restraint, was the crowd of patients. Of this evil, the Trustees and the Superintendent have complained, as often and as loudly as seemed becoming and proper to do.

* * * * *

“Thirdly.—An opportunity has been furnished, during the last year, of showing here at home, by actual experiment, and beyond all possibility of doubt or cavil, that the imprisonment and restraint of insane persons, as practised at Worcester for so many years, was not necessary for

their proper care and safe keeping. During the months of January, February, and March, there had been sixty-six patients confined in the 'strong rooms,' twenty-one of them during the whole time, thirty-three nearly half the time, the others during various periods from a day to a month.

"In April, two hundred and ten patients were removed to the new hospital at Taunton. The patients selected were those whose homes were in the neighborhood of Taunton, and not those who were most troublesome. By reason of one of those curious circumstances which, if unnoticed, defeat statistical calculations, it so happened that only a few of them were of that violent class whom it had been deemed necessary to confine at Worcester. Still, however, the change in their condition, and consequently in their conduct, after arriving at Taunton, and enjoying the superior advantages of the new hospital, was most striking and most gratifying. Two hundred and two out of the two hundred and ten patients enjoyed the full liberty of the hospital, and the free use of their limbs, from the moment of their arrival. Not a single one was confined in a 'strong room.' Nine were occasionally restrained, by being shut up in their ordinary chambers, or wore the camisole, or leathern straps, a few days at a time. One unfortunate woman only had to have her hands confined most of the time, though even she is now free. Among the patients transferred were three who had been confined in strong rooms during the whole of the three last months passed in Worcester, and six who had been confined a third of the time. Now, *every one* of these men were left perfectly free, and have done no harm to themselves or others.

"These facts, added to that of the confinement of so many lunatics innocent of crime, prove the truth of what was said above, that Massachusetts has been and is treating lunatics in a manner that would be indictable at common law in England.

* * * * *

"The Trustees, anxious to prevent any relapse into the old system, under any pressure of a crowd, or any supposed necessity, and aware, moreover, of the temptation which the existence of 'strong rooms' offers to attendants to get rid of the trouble of watching patients, by confining them under bar and bolt, have directed the demolition of most of these offensive cells, and the construction of comfortable sitting-rooms in their place. They trust that their successors will persevere in the work, and that, in future, no seclusion and no mechanical restraint will be used here, for the treatment of the insane, except in those rare cases where solitude is required, or where the patient must be restrained, either by men's hands or by instruments, and in which the latter is the least objectionable."

It will be perceived that the Trustees have not contented themselves with a simple recognizance of the evils which have fettered the advancing steps of the institution, but have resolutely set to work to remove them. They have improved the structural arrangement of the house, made it more cheerful, broken up the monotony of the wards, provided new parlors, increased the facilities for amusement and occupation, and are still prosecuting with vigor the work of improvement.

It is not difficult to conceive the unpleasantness of a task like this, and how naturally a board of management would shrink from a duty so painful, yet most ably have the Trustees at Worcester met the obligations imposed upon them. The important results of their zeal and earnestness we cannot compute here, but might remark that one effect was the appointment of the Commission to consider the subject of lunacy and idiocy in Massachusetts, whose unsurpassed Report, with which our readers are familiar, contains a most valuable collection of minute, thorough, and reliable information, and has conclusively established some most important principles which should form the policy of a state in providing for its insane.

From the Report of the Superintendent, Dr. George Chandler, we extract the following statistics :

	Males.	Females.	Total.
Remaining, Dec. 1st, 1853	266	254	520
Admitted during the year	125	174	299
	—	—	—
Whole number treated	391	428	819
Discharged during the year	198	240	438
	—	—	—
Remaining, Nov. 30th, 1854	193	188	381

Of those discharged there were,—

Recovered	45	77	122
Improved	21	32	53
Incurable, &c.	117	112	229
Died	15	19	34
	—	—	—
	198	240	438

The total number of discharges (438) includes one hundred and five of each sex, who were, by order of the Governor, removed in April to the new state hospital at Taunton.

The statistical tables and accompanying inferences and remarks are complete and interesting. The year has been one of general health and prosperity. No epidemic has occasioned unusual mortality in the hospital, and no fatal accident has broken the usual quiet of the household.

VI. *Report of the Trustees and Superintendent of the Butler Hospital for the Insane, presented to the Corporation, at their Annual Meeting, January 24th, 1855. Providence, R. I., 1855.*

The operations of this institution during the past year, numerically expressed, are as follows :

	Males.	Females.	Total.
Remaining, Dec. 31st, 1854	63	73	136
Admitted during the year.....	31	49	80
	—	—	—
Whole number treated	94	122	216
Discharged during the year	40	45	85
	—	—	—
Remaining, Dec. 31st, 1855	54	77	131
Average population, 136.			
Of those discharged there were,—			
Recovered			40
Improved			20
Unimproved			6
Died			19
			—
			85

The annual reports of Dr. Ray are more than ordinarily interesting and valuable. His known ability as a writer, his great experience and long official connection, with an excellently conducted institution, peculiarly qualify him for the discussion of all practical points relating to the treatment of insanity.

In the present Report, of equal interest with its predecessors, after the usual statistics, is first considered some of the more important advantages possessed by hospitals in the restoration of the insane.

“Insanity implies the existence of bodily derangement, and therefore is a suitable object of medical treatment, which, of course, would be more skillfully applied by men who were devoting their whole time and attention to this affection, than by those who observe it only on a very limited scale. But it also implies derangement of the ideas, hallucination of the senses, perversion of the moral sentiments, all which, though the result of physical disorder, are, so far as their outward manifestations are concerned, in some degree, under the control of others, and by such control—in a way not very well understood—the morbid process may be arrested. Now, it is the moral management prevalent in the hospitals of our own time, which so strongly distinguishes them from those of any former time, and determines, in a great measure, the amount of good which they accomplish. Until within a comparatively recent period, insanity was treated by medical men very much like other diseases. Regarding it only in its physical aspect, they considered their duty as finished when they had exhausted the kind of medication supposed to be most efficacious for the purpose. But in an age of active philanthropy and of great practical sagacity, the idea was not long in making its appearance, that something more is necessary to ensure the highest success, even to the medical treatment. The fact was finally recognized that so long as the patient is allowed to follow the bent of his own will, he is only fostering and strengthening the morbid process going on in the brain; and it also became obvious that ordinary nurses in private families or in general hospitals are incompetent to exercise the kind of control which the case required. Seldom seeing the dis-

ease, they have little opportunity of acquiring skill in the practice of their duty; and besides, even if it were otherwise, it could not be expected that persons of their capacity and culture could ever do more than follow, with more or less fidelity, the general directions of others. These directions the medical attendant could not furnish, because he knew comparatively little of the disease himself, and had given no special attention to the operations of the mind, whether sane or insane. Visiting his patient at infrequent intervals, he could not provide for his frequently changing moods, nor be sure that his views were faithfully executed. Neither would the arrangements of an ordinary household admit of that kind of restriction which the insane usually require, and the only alternative was, either an unlimited indulgence of the patient in his caprices, or a degree of coercion and confinement which irritated his spirit and injured his health. Under the pressure of these inconveniences and hindrances, the idea began to prevail that the insane could be best managed in establishments devoted exclusively to their care. It was obvious that persons engaged in their service would become familiar with the ways of the insane, and thereby learn a thousand arts of management, and acquire a degree of skill in the performance of their duties, quite unknown to others. The medical man, too, concentrating his attention upon a single disease, and devoting all his time to the little community around him, would obtain an amount of practical information which no other source can supply. He would also impart to the general management of an establishment a kind of efficiency which can only spring from continuous and systematic effort conducted upon a large scale. The latter result was rendered probable by the example of general hospitals, where congregations of similar cases afford unusual means for studying their nature and obtaining the highest possible degree of skill in their treatment. The world has not been disappointed. The beneficial results expected from special hospitals for the insane have been abundantly experienced, and the benevolence of the age has been largely engaged in establishing them, until they have become firmly rooted in the necessities and affections of every Christian community."

The premature removal of patients, whose disease seems about yielding to curative effort, is certainly a most "disheartening experience in our calling;" still the circumstances sometimes attending the removal of the "incurable," are but little less painful. When the result of the penuriousness of relatives we may indeed be shocked by this "balancing of reason, God's greatest gift to man, with a paltry sum of money;" but we can find an alleviating thought in the fact, that their friends, if possessed of the will, have it in their power to provide a measure, at least, of personal comfort. But when those poor, hapless ones, in double helplessness,—bereft of reason, and cast by poverty upon the hands of the public,—become the victims of a narrow-minded policy, and some heartless official's idea of economy, we may well question the refinement and philanthropy whereof our country boasts. To show the *magnitude* of this evil, Dr. Ray adduces proof that in the State

of Rhode Island there were, in 1851, *eighty-six* insane persons in the poor houses! and yet the State of New York, with all her pride and wealth, throws open the same wide gateway to wrong and abuse, and, at this moment, in her poor-houses and jails are over *nine hundred* insane poor, *three hundred* of whom, according to the written statement of public officers, are in *cells and mechanical restraint* from one *year's end to another*.

In this connection Dr. Ray remarks :

“If friends and relatives may claim the right of consulting their own caprices rather than the good of the patient, it does not follow that municipal bodies are entitled to the same privilege in their disposal of the insane who, in the providence of God, have fallen to their charge. In consulting economy they have not the moral right to withhold from them a single available comfort that would conduce to their health and happiness. The wretchedness of a mind diseased is bad enough, without the additional ingredient of cold, or nakedness, or contumely. It is now a well-settled fact that the modern hospital for the insane is the most successful instrumentality yet devised for ministering to the necessities and comforts of the incurably insane. It is equally well-settled among those who consider the matter unbiassed by improper motives, that neither the poor-house, nor the family of the overseer of the poor, nor those indescribable makeshifts—neither strictly poor-house nor hospital, but with all the faults of one and none of the merits of the other—which municipal economy has sometimes devised for satisfying the claims of humanity, ought to be regarded as suitable receptacles for the insane poor. The poor-house is an institution for relieving the bodily necessities of the poor,—for supplying them with food, clothing, and lodging. It cannot, and it never was intended it should, render the attentions necessary for maintaining the personal comfort of insane persons, still less to minister to a mind diseased with any of those appliances which are the result of modern science and philanthropy. These are the functions of a very different institution, created expressly for the purpose, endowed in a more generous manner, and regarded with peculiar interest by all who would alleviate suffering, and restore the shattered intellect to its original integrity. Indeed, this whole benevolent enterprise of establishing hospitals for the insane, which so honorably distinguishes the present from every previous century, is founded upon the generally recognized fact, that the insane cannot receive in poor-houses the attentions necessary for promoting their restoration or comfort. Although I would not undertake to set limits to the power of self-deception, for often it exceeds every assignable limit, yet it is hard to conceive how any tolerably intelligent person can believe that, with a few exceptions, the pauper insane are well enough where they are—in the poor-houses of their respective towns. It is unnecessary to inquire very minutely how they are managed, for though it might be shown that in occasional instances they have suffered no positive harm, or neglect, yet the general principle established by the testimony of experience and our knowledge of the tendencies of human nature would be unaffected.”

Other subjects of interest are introduced and ably considered, which we would be pleased to notice, did our limits permit.

VII. *The Thirty-first Annual Report of the Officers of the Retreat for the Insane at Hartford, Conn. April, 1855. Hartford, 1855.*

This institution continues under the experienced care of Dr. Butler. The history of the past year, as presented in the above Reports, has been a very pleasant one. The general health of the inmates has been good; and many important improvements have been made, essentially increasing the efficiency and cheerfulness of the institution. The following abstract exhibits the results of the year:

	Males.	Females.	Total.
Remaining, March 31st, 1854.....	89	97	186
Admitted during the year.....	69	100	169
<hr/>			
Whole number treated.....	158	197	355
Discharged during the year.....	73	89	162
<hr/>			
Remaining, March 31st, 1855	85	108	193

Average population, 185.

Of those discharged there were,—

Recovered	26	47	73
Improved	20	18	38
Not improved	18	16	34
Died	9	8	17
<hr/>			
	73	89	162

Of the deaths, two were from diarrhœa, two from consumption, seven from exhaustion and general debility, one from old age, one from apoplexy, two from paralysis, one from general paralysis, and one from disease of the stomach.

The statistical tables accompanying Dr. Butler's Report are very complete, and exhibit, in their compilation, great care. The first is a general table, embracing the ordinary statistics of the institution since its opening in 1824, from which it appears that the whole number discharged has been two thousand eight hundred and four, more than one half of whom (1404) had recovered. Then follow tables exhibiting the number of admissions and discharges for each month, age at the dates of disease and admission, sex, occupation, and civil condition, supposed cause of insanity, and the causes of death. From Table IV we deduce the following statement, which exhibits the number of the attack in each case admitted since March 31st, 1845 :

	M.	F.	TOTAL.		M.	F.	TOTAL.
First attack	355	437	842	Seventh attack	2	5	7
Second "	96	143	244	Eighth "	1	1	2
Third "	27	39	66	Ninth "		2	2
Fourth "	18	23	41	Several	44	42	86
Fifth "	9	9	18	Unknown	29	24	53
Sixth "	5	6	11	Total	586	786	1372

Of the two thousand and four patients received into the institution, one thousand, eight hundred and ninety-seven were first admissions, two hundred and sixty-two were admitted for the second time, sixty-three for the third, twenty-six for the fourth, ten for the fifth, four for the sixth, and for the seventh and ninth, each one. Facts like these are interesting and valuable, and we would like to see them embodied in every report.

ARTICLE VII.

REVIEW.

A Monograph on Mental Unsoundness. By Francis Wharton. 8vo. pp. 228. Phila., 1855.

This is the first portion of a general treatise on Medical Jurisprudence, about to be published by Mr. Wharton, in connection with Dr. Stillè, and is issued in this shape for private circulation merely. It is another indication of the increasing attention which, during the last twenty years, has been given to this subject, and which is also strikingly manifested in the contrast between the meagre chapter devoted to it in the books on medical jurisprudence previous to that period, and the many copious works, embodying the results of modern observation, that we now possess. The author is already known to the medical and legal professions by a work on WOUNDS, and his reputation is well sustained in this. It treats of every point usually embraced in a work of this kind, and with a fullness of detail that renders it particularly valuable as a book of reference. Indeed, the only fault we are disposed to find with it is, that this purpose has been kept too much in view; for, amid the profusion of citations and quotations with which every point is illustrated, the reader often fails of obtaining a clew to what is really the truth. In his anxiety to present the state of opinion on the various questions which he is obliged to consider, he neglects to give due pro-

minence to his own. When thus embarrassed by the discrepant and conflicting doctrines which are summoned from every quarter, the student often looks in vain for that help which the ample attainments and matured judgment of the author would have enabled him to offer. In thus abstaining from the judicial function of the author, he has considerably limited the usefulness of his work; because, for practical purposes, such books are resorted to, not only for the raw material of knowledge, but for the general results to which it has led a cautious, well-trained, and philosophical mind.

In his desire to flood his subject with light from every source, Mr. Wharton has not always used a proper discrimination. The views of authors are marshaled forth side by side, presenting very unequal claims to authority. A passage from Conolly, or Esquirol, on one page, is balanced by another from such writers as the Rev. John Barlow; and, for anything the reader is told to the contrary, the man who sits in his library and speculates about insanity is entitled to equal confidence with him who has spent the best years of his life in close communion with the insane. This way of quoting without regard to perspective, if we may so express it, is calculated to mislead the student, and baffle the practitioner in search of practical aid. We cannot help thinking, therefore, that Mr. Wharton would have rendered his work no less valuable, and less bulky, perhaps, had he selected exclusively from writers whose authority has been universally recognized.

Still, after making every abatement required, the work is, unquestionably, a valuable contribution to the mingled science of medical jurisprudence. The amount of labor which has been expended in searching for adjudicated cases, and in consulting the latest French and German publications, has seldom been equaled, and its results can be found nowhere else.

We cannot dismiss this work without adverting for a moment to some remarks on the 36th page, occasioned, it seems, by the following passage from Dr. Ray's book on the Medical Jurisprudence of Insanity—a book which he introduces with a tribute of praise that might satisfy any reasonable degree of vanity:—“Judging from the few cases that have been reported, the course of practice of the English criminal courts has been in strict conformity with the principles laid down by Hale.” Thereupon Mr. Wharton writes as follows:

“The ‘principles laid down by Hale’ are those which that humane judge and laborious text-writer—who prided himself on having never, on speculations of his own, advanced an opinion or pronounced a judgment—had drawn from the medical authorities of that day. These principles have since then been greatly modified, both by legal and

medical writers ; and it is to be regretted that either class, in reviewing the matter, should confine themselves to the earlier authorities, and then declare that the old law continues unaltered, 'judging from the few cases that have been reported.' The fact is, that, both in this country and in England, the cases 'reported,' on the subject are not few but numerous ; and if they had been examined in detail, it would have been found that they kept pace, with almost equal step, with the advance of medical science. How far the latter has kept pace with them may be estimated from the fact that Dr. Ray—the author of the fullest and most recent work on this vexed subject—has even in his edition of 1853, cited scarcely a single volume of the thousands in which the authorized reports of the American courts are published. It is true that several American cases are noticed, and delicate shades of opinion declared to have been settled by them ; but they are cited from the 'notes of counsel,' from 'Niles's Register,' from the 'Dollar Newspaper,' and from 'Zion's Herald.'"

The questions on which we propose to join issue with our author seem to be these, viz., Do the principles laid down by Hale govern the decisions of English and American courts at the present time ; or, in the words already used, are the latter in strict conformity with the former ? Are the reported cases on the subject few or numerous ? Has Dr. Ray failed to present the actual state of the law of insanity in consequence of not consulting the authorized reports ?

In the first place, let us see what this principle of Lord Hale really is. "There is a partial insanity," says he, "and a total insanity. Some persons that have a competent use of reason, in respect of some subjects, are yet under a particular dementia, in respect of some particular discourses, subjects, or applications ; or else it is partial in respect of degrees ; and this is the condition of very many, especially melancholy persons, who, for the most part, discover their defect in excessive fears and griefs, and yet are not wholly destitute of the use of reason ; and this partial insanity seems not to excuse them, in the committing of any offense, for its matter capital ; for, doubtless, most persons that are felons of themselves and others, are under a degree of partial insanity when they commit these offenses. It is very difficult to define the invisible line that defines perfect and partial insanity ; but it must rest upon circumstances duly to be weighed and considered both by judge and jury." In short, partial insanity, according to this eminent jurist, is not a valid excuse for crime. And is not this the doctrine of modern times ? Has it not always been the well-recognized rule of English and American courts, from Lord Hale's day down to our

own? Does not the court invariably say to the jury, virtually, in order to acquit the prisoner on the ground of insanity,—You must be satisfied, not only that he is insane, but so insane as not to know this, that, or the other? Can Mr. Wharton refer to a single case where the jury were directed to acquit the prisoner, if proved to be insane, without regard to the kind or gravity of the disease? Even where the Legislature has made insanity, without stint or qualification, a sufficient excuse for crime, the courts continue to instruct the jury in conformity with the common law. In New York the statute says that “no act done in a state of insanity can be punished as an offense;” and yet, in the celebrated case of Freeman, Chief-Justice Beardsley declared that the statute was “not intended to abrogate or qualify the common rule,” because a literal interpretation of the statute “would be a mighty change in the law.” In the trial of Kleim, too, Judge Edmonds made a similar ruling. Does this look like keeping pace with medical science? It certainly is not keeping pace with the Legislature. Is the practice any better in England? Probably no principle is more firmly settled in the criminal law of that country than this,—that partial insanity is not necessarily an excuse for crime. True, Lord Hale’s rule for determining whether the disease has gone so far as to render the person irresponsible—viz., if he have “ordinarily as great understanding as ordinarily a child of fourteen years hath,” he may be guilty—has given way to various other rules laid down at different times. That these later rules indicate any advance in mental or medical knowledge, is a point, however, that we are not ready to concede. To one much accustomed to observe the operations of the insane mind, the idea of measuring its responsibility by its knowledge of right and wrong, of the lawfulness or unlawfulness of this or that act, is as preposterous as Hale’s method of getting at the same result by comparing it to a child’s mind. They are equally irrelevant to the purpose, and, instead of being a safe guide in the decision of particular cases, are likely to lead to much injustice. The best rule of this kind ever adopted—that of delusion in Hadfield’s case, which really did indicate an advance in medical or psychological science—was never put forth on any subsequent occasion, in England, without essential qualification. Notwithstanding that it had been illustrated and enforced in one of the ablest efforts ever made in the Court of King’s Bench, the old rules continued to prevail. But there can be no question on this point. The English judges, in making an authoritative exposition of the law, on the occasion of the McNaughton trial, declared that delusion is not a sufficient excuse, if the prisoner knows right from wrong, &c.—applying the old tests. And as if this were not sufficiently ignoring the lights of mod-

ern science, they annexed an additional qualification, never before heard of in an English court, viz., that under no circumstances would delusion be a defense beyond a certain point. If the prisoner did no more than he might lawfully have done, had the delusion been true, then he would be entitled to be an acquittal; otherwise, not. "For example," they say, "if, under the influence of delusion, he supposes another man to be in the act of attempting to take away his life, and he kills that man, as he supposes, in self-defense, he would be exempt from punishment. If his delusion was, that the deceased had inflicted a serious injury to his character and fortune, and he killed him in revenge for such supposed injury, he would be liable to punishment." We need not inform Mr. Wharton that this doctrine has been endorsed by American courts, in what are regarded as "leading cases;" and we cannot believe that, on mature consideration, he will say that this is "keeping pace, with almost equal step, with the advance of medical science."

We admit that the plea of insanity has become more effective than it once was,—that many are now acquitted who would have been convicted in Lord Hale's time. This is indicative of progress in humanity and general intelligence on the part of juries, but certainly not of courts whose rules of law have been disregarded, in order that the prisoner might be acquitted. Nothing can show more clearly the change which has come over the respective functions of the court and jury during the last half-century. Once the jury were content to abide by the metaphysical tests propounded by the judge. Now, on the contrary, they are governed by the evidence, by the experts, and in some degree, no doubt, by their ignorance and prejudices. If the insanity is pretty clearly manifested, the prisoner is usually acquitted, without the slightest reference to the question whether he knew that what he was doing was right or wrong, lawful or unlawful, or properly proportioned to the offense, supposing it to be real. On the other hand, if it lies beneath the surface, and especially if the circumstances are calculated to excite vindictive feeling, then the law is supposed to require a victim. Hence the significance of Mr. Taylor's remark respecting the recent cases: "Either some individuals," he says, "are most improperly acquitted on the plea of insanity, or others are most unjustly executed."

Even in civil cases, we are not quite sure that the common law has kept pace with the advance of medical science. For instance, it had always been considered a well-settled principle, that the insane are incompetent to testify; but, quite recently, a person was convicted of manslaughter, in the Central Criminal Court of London, chiefly on the

testimony of a man who believed that he had within him twenty thousand spirits, who came from various persons,—some from the Queen,—and told him various things, speaking to him incessantly and at that moment. It was the opinion of the full bench that this man was a competent witness.* Mr. Wharton will not contend, surely, that this monstrous decision, which makes the lives and reputation of men depend on the delusions of a maniac, is an indication of progress.

We have no wish to decry the common law, nor those who administer it. With all its deficiencies, it has always been to the Anglo-Saxon race a palladium of safety, standing serenely against the encroachments of power and wrong, whether in the sunshine of peace or the storms of revolution. But we claim for it more than it is fairly entitled to, when we say that, on any subject, it has always reflected the light of science as fast as it was elicited. History teaches plainly enough that this must first be spread abroad, and become the common property of men, before it can illumine the dark corners of the law. Indeed, with its highly conservative tendencies, it is very natural that it should be so. Apart from the common disposition of men, there is an additional reason for the fact in question, as it regards England, in the all-pervading apprehension of danger from any mitigation of the criminal code. By no class of men has every attempt to mitigate the penal consequences of crime been more pertinaciously resisted than by the lawyers and judges. Hence the common impression among these functionaries, that to allow a man to plead insanity in defense of crime, whose discourse is mostly rational, and who transacts business correctly, is to hold out an actual inducement to crime.

The other questions, being chiefly personal, need not detain us long. Mr. Wharton declares that the cases reported on this subject are not few, but numerous. These are relative terms, and therefore not capable of being very exactly estimated without some standard of comparison. This, unfortunately, he has not furnished; but, he says, "of the thousands in which the authorized reports of the American courts are published," Dr. Ray has "cited scarcely a single volume;" implying, of course, that many more could have been cited, had pains been taken to find them. On a point like this, simply numerical, we certainly had a right to expect that Mr. W. himself would be strictly exact. We have taken the trouble to count these citations, and find that they amount to just fifteen—an insignificant number, certainly, when compared with thousands. But even this disproportion vanishes on a close inspection. Mr. W. does not say that in thousands of volumes of the

* *Regina v. Hill.*—*Am. Jour. Insanity.* vol. vii, p. 386.

authorized reports there may be found some decision on the subject of insanity, as the incautious reader might suppose, but simply that we have cited scarcely one of these thousands. The proper question is, How large a proportion of the authorized American reports containing decisions respecting the criminal law of insanity, have we cited? In order to answer this question, it would seem to be necessary to know the whole number; and this fact, of course, is not within our reach. We may obtain some approximation to it by observing how many Mr. Wharton himself has cited; for a well-read lawyer and writer like him, whose works make a library of themselves, would not be likely to overlook a case of any importance. According to our reckoning, they amount to just twenty-seven. We may, in a few of the citations, have mistaken American for English reports, and *vice versa*, but this number is not far from correct; so that, after all, out of "the thousands in which the authorized reports of the American courts are published," Mr. Wharton himself has cited only twenty-seven. This alone would seem to be sufficient authority for our statement, that but few of the cases in question have been reported. In fact, considering the nature of these reports, it could not well be otherwise. They are meant to be the recorded opinions of the full bench on issues that have been deliberately made and argued before it. The rulings of a judge in a case at *nisi prius* are seldom preserved in the official reports. As Mr. Wharton himself says, in the latter part of the note which has called out these remarks, "What a judge tells a jury is meant for a particular issue," and serves no further purpose. In itself it can have no general application, unless formally affirmed by the bench, and then it is recorded. Occasionally, under peculiar circumstances, the decision of a judge in a criminal case has been embraced in the official reports, and is entitled to all the authority which its intrinsic merits deserve. The charge of Chief-Justice Shaw, of Massachusetts, in "Commonwealth against Rogers," in the 7th volume of Metcalf, and that of Chief-Justice Hornblower, of New Jersey, in "State against Spencer," 1st of Zabriskie, are instances of this kind, where the importance of the subject, the high reputation of the judge, and the elaborate character of the judgment combined to claim for the latter all the publicity and permanence of the authorized reports. Occasionally, too, the interest of the trial has led to its publication in a separate form; and thus the charge of the judge is preserved, with the evidence, and the speeches of counsel. With these exceptions, trials in which the nicest questions of the law of insanity are discussed by counsel and court, go through their several stages, and leave no memorial behind them more

durable than the village newspaper which furnishes what it is pleased to call a report. How many cases of this kind has our author known, where exception has been taken to the ruling of the judge touching the common law of insanity, and an issue made up for the decision of the full bench?

Mr. Wharton thinks that citations from "notes of counsel," "Niles's Register," "Dollar Newspaper," and "Zion's Herald" are pardonable only when the cases are not to be found in the authorized reports, and even then they are to be received with great allowances. In this statement we fully agree with him, and, at the same time, we cannot see that our practice has not conformed to the general rule. We resorted to those sources of information for the simple reason that we could get what we wanted nowhere else; and it is not very obvious, how, for our purposes, we could have had any better. The last-named paper contained the fact, that, in a certain case of homicide, the drunkenness of the prisoner was regarded as an extenuating circumstance; and for such a fact the newspaper, unless there was reason to the contrary, might very properly be considered an adequate authority. The same reason may be given for the other newspaper citations. At that time there existed no official report of the trial, or of any part of it; but if, since then, any of them have been thus reported, we plead guilty to the charge of having overlooked them, though it is not intimated that our statements respecting the cases are at all incorrect. While saying this, however, we would not have it supposed that we think our author is needlessly scrupulous about his authorities. In scientific writings, no fact should be admitted without the authority on which it rests. Unless duly vouched for, facts are entitled to no attention whatever; and a book abounding in facts, picked up without the slightest reference to the source they came from, can possess no value whatever. Especially is this true as regards books of medical jurisprudence, on every line of which may depend the dearest interests of man.

I. R.

ARTICLE VIII.

LAW CASES BEARING UPON THE SUBJECT OF INSANITY.

Translated from the French.

HOMICIDE.—HALLUCINATIONS OF HEARING.—The Court of Assizes of Pas-de-Calais has recently condemned to twenty years' hard labor a monomaniac, who, under the influence of hallucinations of hearing, had been guilty of several attempts at homicide, and had finally committed a murder, without either motive or interest. The accused is an Englishman, named Piers, aged forty-four, and for twenty-five years a resident of St. Omer. His character had been irreproachable: he was kind and amiable, but always exceedingly sensitive. The witnesses spoke of him as a strange man, who allowed himself to become angry under the most trifling circumstances. He had long suffered from hallucinations. He often charged those around him with expressions they had never used; and one day, three men happening to meet and converse beneath his window, he at once fancied they were speaking prejudicially of himself, and fired two pistol shots at them, fortunately without effect. These men at the trial testified that they had not referred to him at all.

On the 17th of April last, the proprietor of the house in which he lived was talking in the yard with one of his neighbors, a merchant, like himself. They spoke of their own business, and were not even thinking of the unhappy man, when the latter, who was shut up in his room, where he could not hear, and could only see them through the glass in the window, fancied that they were speaking of him, and that they had grossly insulted him. He thought he heard his landlord distinctly say, "He is without his pantaloons; he is a *bougre*." At once resolving to be revenged, he had, like the greater portion of the insane, recourse to a ruse, and opening the window, politely asked him to come in. The latter, without suspicion, accepted the invitation, but had scarcely entered, when Piers spoke to him passionately, and demanded the grounds of the slander he had just uttered against him. While the unfortunate landlord was protesting against this charge, and denying that he had spoken a single word to his prejudice, Piers seized a pistol and wounded him mortally.

The neighbors, collecting together at the sound of fire-arms, were at first repulsed by the murderer, who kept them at bay with a gun, and forbade them to cross the threshold of his door; but a courageous citizen finally rushed upon and disarmed him. The murder was committed with perfect composure: this indifference did not forsake the accused for an instant, and he related before the Commissary of Police each circumstance as it had occurred, boasting of his deed, and evincing no regret at its commission. The same unconcern marked his conduct during the trial. He declared that he had heard distinctly the insult that was addressed to him, and that it would have been a dishonor to himself if he had not avenged it. No other excuse was offered, and he several times repeated that he had only done his duty in committing the murder.

"When you induced the unfortunate Berthier to enter your room," asked the President, "what was your intention?" "I had firmly resolved to kill him," replied Piers. "The act that you have committed is considered murder in all countries: is it not the greatest of crimes?" "The reflection," said he, "that was cast upon me was infinitely more serious than my deed: it was the grossest outrage that could be inflicted upon a man, and no one, without being dishonored, could allow him to live who had offered it." "Were you in similar circumstances, would you again act in the same way?" The accused unhesitatingly and with assurance replied, "Yes, sir."

The jury, as we have said, convicted him, but *under extenuating circumstances*. Three physicians, appointed to examine the prisoner, both before and during the trial, declared unanimously that this unhappy man was the puppet of his hallucinations,—that these errors in hearing had led him to the commission of a criminal act, the consequences of which he evidently did not appreciate; and, finally, that he should be placed in an asylum for the insane, and not be sent either to the scaffold or the galleys. But this failed to convince either the prosecuting attorney or the jurors, and the galleys will possess one monomaniac the more.

We have, in this Journal, so often treated the subject of homicidal monomania, that it would be superfluous to dwell longer on this case, which is, however, in more than one respect remarkable. The hallucinations of the accused were not doubted at the trial; testimony was too abundant; but the court was unwilling to allow that, at the moment of the commission of the crime, he had not free liberty of action. They attached particular importance to the artifice used to entice his unfortunate victim into his chamber. He declared that if he did not fire from the window to kill his victim immediately, it was only because

he was afraid of missing him; and the jury could not believe that a man capable of such reasoning was a lunatic, because it is generally believed that lunatics do not reason. We are acquainted with the sad results of this erroneous belief.

Artifice and dissimulation are, on the contrary, characteristic of monomania; and it sometimes requires great skill to fathom the intentions of an insane person. Professional men alone can recognize these; and unfortunately their advice is not always followed, even by those who consult them. We ought, however, to say, that magistrates have for some years past studied these important and delicate points, and the number of insane indicted is infinitely smaller than formerly. It is left for our *confrères*, consulted in these obscure cases, to complete their conviction, as much by their reserve, when they are not themselves sufficiently enlightened, as by the clearness of their conclusions when the accused do not seem responsible for their acts. Time and observation will hasten the reform already commenced, and soon our eyes will be no longer saddened by the sight of wretched lunatics smitten down by justice, and the objects of persecutions they cannot comprehend.—*Journal de Médecine*, July, 1855.

HOMICIDAL PROPENSITY DEVELOPED DURING PREGNANCY.—A criminal case, presenting a question of great interest in legal medicine, has recently been brought to trial at the Court of Assizes at Aube. A young woman, of irreproachable character, tenderly attached to her husband, and living with him upon the best of terms, was, nevertheless, accused of attempting to poison him. This unhappy woman denied none of the acts with which she was charged by the prosecution; but her counsel held that the state of pregnancy in which she had been for a short time had perverted her moral faculties, and not left her the free arbiter of her actions. We have here an extract from the indictment, which the depositions of the witnesses and the confessions of the accused fully confirmed.

On the 30th of October, 1854, a man named Baudry, recently discharged from military service, married Louise Yvan, aged eighteen. They resided in the hamlet of Dival, a commune of Villenauxe; and everything, to the eyes of the relatives of the married couple, who frequently visited them, gave proof that they were living together on the best of terms. Sometimes, however, Baudry was struck by strange expressions he heard from his wife. Towards the close of December, while both were busy at their work, she said to her husband, without anything giving occasion for such a remark, "You will die this year; I shall die also."

On the 3rd of January, Baudry, after finishing his work, came in to supper about six o'clock in the evening. After his meal he went to the cupboard for the remainder of some prunes cooked the previous evening, and of which he had eaten the same day at dinner with his mother and his wife. He ate five or six, in which he perceived a bitter taste, which surprised him. The last he put into his mouth caused much pain in his tongue, and he said to his wife, "These prunes are spoiled or poisoned." "Who," she replied, "do you think has poisoned them?" Upon his suggesting that the disagreeable taste, without doubt, proceeded from leaving the prunes in the same dish with the juice, she eagerly availed himself of the explanation, and said, "That is probable." She then put a prune to her own lips, but soon rejected it, saying she should vomit. "You see," said Baudry, "that these prunes are poisoned;" but she did not reply. He proposed keeping them for her niece to eat the following day; but she said it was not necessary to expose that child to sickness, also, and hurried to throw them out of doors. An hour after his repast, Baudry suffered from a violent headache, accompanied by a burning sensation in the stomach, and throughout the night experienced all the symptoms consequent upon the administration of poison. During the whole of this time his wife slept, or pretended to sleep, in the same bed.

The next morning, at six o'clock, Baudry, in arising, placed his hand, in the darkness, upon the pocket of his wife's dress, and felt that it contained little packages rolled up in paper. These inclosed pieces of blue vitriol, and smoking tobacco mixed with powdered vitriol. He said to his wife, "You wish, then, to poison me?" "Yes," she replied "I have had an idea of the kind. I am guilty—kill me."

Prompt remedies soon placed Baudry out of danger. In the presence of the Commissary of Police, and before the neighbors, his wife renewed her avowals. She acknowledged that, having concluded to kill her husband, she had bought some vitriol at the grocer's on the 29th of December. Questioned as to the motive which had induced her to commit the crime, she replied: "For three weeks my husband found fault with all I did: nothing was right. I was full of spite. I regretted the loss of my liberty, and wished to recover it by putting my husband to death." She finally said that she was pregnant, and it was, perhaps, that which had inspired her with the idea of poisoning him.

This is the manner in which she related the facts before the court: "I cannot tell whence I got the idea. We kept house pleasantly together. It was on Thursday, December 28th, that this thought took possession of me—how, I cannot explain. I was unable to resist it, and

formed my resolution. The next day, on my way to market at Villenauxe, I asked the grocer, Relif, for a sous-worth of vitriol, and he gave me five or six pieces, each of the size of a large hazel nut. I put them into the pocket of my skirt, where I kept them until the moment of using them. On Thursday evening, January 2nd, after scraping one of the pieces of vitriol, I put it in my husband's smoking tobacco, which he had forgotten, in the cupboard, and the remainder in the prunes, which were to be served next day."

This woman was of Russian origin. Her father, who remained in France after the invasion of 1814, had the reputation of being cruel towards animals, and the accused herself was of a gloomy disposition, and a little harsh. She was industrious, of little intelligence, and sometimes appeared idiotic to such a degree that the children ran after her in the streets. Her conduct had in other respects, been invariably good, and her husband attributing, as did also their neighbors, her criminal action to her pregnancy, insisted that she should be restored to him.

The *ministère public* sustained the prosecution, by questioning how far her pregnancy had controlled the freedom of action of this woman; but the jury, after a few moments' deliberation, brought in a verdict of acquittal.—*Journal de Médecine*, May, 1855.

HOMICIDE.—MENTAL ALIENATION.—The *Gazette Médicale de Lyon* publishes the following account of Jeanne Desroches, who acquired at the time a sad judicial celebrity, and afterwards died at the Asylum of Antiquaille, after a residence of more than twenty years.

On Tuesday, June 2nd, 1832, Jeanne Desroches, who had been married eight years, went from her own dwelling to the village where her mother lived. On the way she entered the house of a couple named Champart, where there were two very young children. She killed one with a knife: the child uttered a single cry and died. After this murder she ran to her mother's house, found her in the stable; gave her a violent blow with a knife, threw her down, and killed her with a pickaxe. She entered a neighboring house, the widow George's, and struck her also several times with the knife. She afterwards went to the house of a woman named Dorneron, and diverting her attention, darted upon her child, inflicting upon its neck a large wound, which was followed by fatal hemorrhage. She also tried to murder the woman Dorneron, but her resistance was too vigorous. Seeing that she was not able to throw her down, she fled to her mother's house, went into the cellar, drew the bung from a cask, and threw into it the instrument of so many murders. She was arrested a few minutes

afterwards, and brought before the assizes of the Rhone. Notwithstanding the deposition of Dr. Bottex, this unhappy woman, who had previously given unequivocal signs of mental disease, was declared guilty of parricide and three premeditated homicides, under extenuating circumstances, and condemned to ten years' hard labor. Soon after her commitment, in a paroxysm of fury, she tore off the ends of two of her fingers with her teeth. After passing about six months in the central house at Montpellier, and nine years and a half in the asylum for the insane of this city, she was transferred to the Antiquaille. From 1842 to 1852 her lucid intervals were more frequent, and one day this unfortunate woman related to her physician, with poignant emotion, even to the minutest details, the events of that frightful morning, during which she killed, among other persons, her mother, "whom she most loved, after her God." Like all the insane, she regretted, but without repentance, since she had acted "in a moment of forgetfulness." She was in all other respects a very honest and highly esteemed woman. She was of robust constitution; was subject to epistaxis; and had had a slight attack a few hours before the murder.

From 1852 until her death she became gradually worse. The lucid intervals were more rare and the maniacal excitement more persistent. During the year 1854 there was, so to speak, no intermission. She changed a little at the approach of death, as is frequently the case with the insane. This maniacal excitement, with general delirium, incoherence of ideas, &c., was remarkable in this respect,—that, under the influence of the least contradiction, or even without any apparent, appreciable cause, she took the character of a true, furious maniac, and her physiognomy assumed a singular expression of ferocity. Nevertheless, no act and no attempt has ever been witnessed to recall the circumstances which marked the access of the disease.—*Journal de Médecine*, May, 1855.

S U M M A R Y.

ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.—This meeting was held in London, on the 19th of July last.

The President, Dr. Sutherland, having taken the chair, Dr. Thurnam, Medical Superintendent of the Wilts County Asylum, was unanimously elected President of the Association for the ensuing year. In the absence of Dr. Williams, Dr. Stewart was requested to act as Secretary.

After the reading and adoption of the minutes of the preceding meeting, the report of the Committee to revise the rules of the Association was read and discussed.

On motion of Dr. Sutherland, it was resolved, "That the *Asylum Journal* be published quarterly, instead of every six weeks, with an amended type and external cover."

Dr. Stewart moved, that the Annual Meeting for 1856 should be held at Derby, and that Dr. Hitchman, of the Asylum at Mickleover, be President for 1856-7.—Carried.

Mr. Ley, of the County Asylum, Oxfordshire, was appointed Treasurer; Dr. Lockhart Robertson was elected Secretary, in the place of Dr. Williams, resigned; Dr. Browne, of Dumfries, was appointed Honorary Secretary for Scotland, and Dr. Stewart for Ireland.

Dr. Bucknill was requested to continue his services as Editor of the *Journal*, which was carried by acclamation.

The following resolution, proposed by Dr. Hitchman, was carried unanimously: "That the members of the Association be requested to publish their annual reports in an uniform shape, that shape being a medium-sized octavo."

The subject of the deficiency of accommodation in county asylums for the insane poor was then discussed.

Dr. Bucknill called the attention of the meeting to the subject of abuses connected with the domestic treatment of the insane. He proposed the following resolution: "That this Association views with extreme regret the condition in which many insane persons, not paupers, are detained by their relatives, in what is called 'domestic

care;’ and this Association believes that legislative enactment is absolutely requisite, which will bring all insane persons whatever under official inspection.”

A letter was received from Dr. Erlenmeyer, the Secretary of the German Association of Psychologists, inviting the members to attend their annual meeting, to be held at Vienna, in September:

PRIZE OF THE “SOCIÉTÉ MÉDICO-PSYCHOLOGIQUE,” OFFERED BY M. FERRUS.—The Society, accepting the generous offer of M. Ferrus, announce the following subject for competition, for the year 1857: “A Medico-Psychological Treatise on Cretinism.”

The prize is five hundred francs. The word *treatise* is not to be understood in its strict, scholastic signification; it is intended rather to be a medico-psychological memoir on Cretinism—that is, an unpublished work in which the subject is considered in all its points, and some of them, at least, solved. The competitors will thus be enabled more fully to develop that part of the subject which they have particularly studied, taking care, at the same time, to cover the whole subject systematically and concisely, and, in their proper place, give due attention to etiology, pathology, and prophylaxis.

The essays are to be sent to the School of Medicine, before Jan. 20th, 1857, addressed to the General Secretary of the Society. They are to be legibly written, either in Latin or French, and accompanied by a sealed envelope, bearing externally a motto corresponding with one at the head of the manuscript, and having within it the name of the author.

The titular members of the Society and the corresponding members residing in Paris alone are excluded from the competition.—*Revue de Thérapeutique Médico-chirurgicale*, Sept. 17th, 1855.

THE ASYLUM JOURNAL OF MENTAL SCIENCE.—This journal, published by authority of the Association of Medical Officers of Asylums and Hospitals for the Insane, and edited by Dr. Bucknill, will hereafter be issued quarterly. The October number, the first of the new series, has been received. The leading article is a review of the Ninth Report of the Commissioners in Lunacy to the Lord Chancellor, by Dr. Bucknill, which we reprint in the present number of the JOURNAL OF INSANITY. The following original communications are presented: a “Lecture, introductory to a course, on the Pathology and Treatment of Insanity,” delivered at St. Luke’s, by Dr. A. J. Sutherland; “Observations on Convulsions,” by Dr. Robert Boyd; “The Military Lunatic Hospital,” by C. Lockhart Robertson, M. B.; and “On the Pathology

of the Urine. and the relation which that fluid bears to other Excretions in Mental Diseases," by C. M. Burnett, M. D. Three interesting reviews are next presented—all, as we perceive by the initials, from the pen of Dr. Bucknill. Judicious extracts from foreign journals, legal proceedings, Association notices, and miscellany complete the number.

CASE OF A FOREIGN BODY WITHIN THE CRANIUM.—A correspondent writing from Bonne, in Rhenish Prussia, April 4th, relates the following: In the village of Rheindorf, near our city, M. Peter Klein has recently died at the age of seventy-five, a veteran of the French war, who, at the battle of Austerlitz, Dec. 2nd, 1805, was struck by a Russian ball, which buried itself in his left temple, above the rim of the ear, and remained there until his death—a period of half a century—without ever causing any inconvenience, or producing any change in his intellectual faculties.

After his death, his family, to whom he had bequeathed this ball, to be preserved as a memento of his campaigns, had it extracted by Dr. Backe, of Bonne, who performed this operation with the assistance of a trephine, in such a manner that the ball remained surrounded by a ring formed by the bones of the skull. The ball on the side where it touched the brain was covered with a dense membrane, and upon the other with an investment similar to that elsewhere covering the head. The brain itself was uninjured, and no splintering of the bones of the skull was discovered, either in the neighborhood of the brain or elsewhere.

Scientific men assert that it is without precedent, that a foreign body placed within the skull, as was this ball, has produced no disturbance either in the physical or mental functions.—*Journal de Médecine*, May, 1855.

EXTRAORDINARY CASE OF PRETENDED INSANITY.—Among the individuals, nineteen in number, who will be taken to-day from this city, to serve out various terms in the Penitentiary, is Joseph Marshall, convicted of burglary, and under sentence of six years' confinement. For the past five or six weeks he has been feigning insanity, with a furious pertinacity quite remarkable. So violent has he been, that his legs have been secured with a stout chain and his arms heavily shackled. Day after day he has raved for hours, and rolled his eyes, as if suffering spasms of madness. He has worked his mouth until it has frothed like a mad dog's, and made desperate efforts to bite every one who drew near, and has actually, in several cases, succeeded in inflicting painful wounds with his teeth. He has been closely confined in a dungeon, through the bars of which he could be seen rolling, clanking his chain, grating his teeth and howling horribly. He tore his clothes from his person, refused food, and wallowed like a wild beast in the filth. He refused to be shaved, washed, or clothed, and nothing could be done with him but by overpowering violence. It required the best efforts of four strong men to take him to the Court-House, when he made demonstrations as queer and desperate as when in jail. When told to stand up and receive sentence, he refused to do so, and was forcibly held up. The continuance for weeks of such wild behavior shook the opinion that all at first had, that he was feigning; but he gave no mani-

festations of insanity until after he had been captured and in jail for a day or two, and it was rather plain that there was too much method in his madness for the terrible game to win.

Yesterday, finding that there was no hope for him, he gave it up, saying that it was of no use to rave any more, as he was beaten; but such a course had once availed him, and would now, he thought, "if Pruden had not put it to him so tight." He called for a razor, shaved himself neatly, put on clean clothes, and endeavored to be as comfortable as possible under the circumstances. He was much emaciated, and, in his struggles and violent conduct, had injured his person to a considerable extent. He was once a powerful man, and distinguished for feats of agility in a circus to which he was attached. By trade he was a shoemaker. He gives as a reason for committing the burglary, that he had been sick, was destitute of friends and money, and could not get work. He applied to an individual from whom he thought he could get work, if from anybody, and being refused, gave up in despair, and went to stealing.—*Exchange paper.*

GIFT TO THE MARYLAND HOSPITAL.—A beautiful oil painting has been received at the Maryland Hospital for the Insane, with the following note addressed to the Medical Superintendent:

"BALTIMORE, 27th September, 1855.

"To John Fonerden, M. D., Maryland Hospital:

"A friend of your Institution desires to evince an interest in its success, and hoping for a beneficial effect upon some of your patients, begs the Maryland Hospital to accept the accompanying painting—to be placed as you may deem most advantageous.

"It is a copy of Correggio's Holy Family, in the Tribune at Florence, painted from the original by Cephias G. Thompson, of Boston, now residing in Rome."

The painting was sent in an appropriate gilt frame, through the house of Sampson Cariss & Co. It is now placed on an east wall near the principal entrance into the Hospital. The Medical Superintendent presents the thanks of the Institution to the *friend* thereof, who has so acceptably and so gracefully evinced an interest in its success.—*Exchange.*

STATISTICS OF INSANITY IN FRANCE.—From an official document, published by the Ministry of Commerce and Agriculture, on the Statistics of France, it appears that there are at present, for every one hundred thousand of the population, one hundred and five persons blind, eighty-two deaf and dumb, one hundred and twenty-five insane, and one hundred and eighteen goitrous.

NEW ENGLISH LUNACY COMMISSIONER.—Dr. James Wilkes, Medical Superintendent of the Staffordshire Lunatic Asylum, has been appointed Lunacy Commissioner, in place of Dr. Turner, resigned.

RESIGNATIONS, APPOINTMENTS, &c.—Dr. George Chandler, Medical Superintendent of the State Lunatic Hospital at Worcester, Mass., has resigned. Dr. Chandler, it will be remembered, was connected with the institution at Worcester, as Assistant Physician, from its opening, in January, 1833, until his appointment to the medical charge of the New Hampshire Asylum for the Insane, in 1842. On the retirement of Dr. Woodward, from the superintendency of the Hospital at Worcester, Dr. Chandler was appointed his successor, and entered upon the duties of the office July 1st, 1846.

At a meeting of the Trustees of the State Lunatic Asylum, at Worcester, Mass., Dec. 11th, 1855, Merrick Bemis, M. D., was unanimously elected Superintendent of the Institution, in the place of Dr. Chandler, resigned. Dr. Bemis has held the office of Assistant Physician to the Hospital for the last seven years, and is eminently qualified for the arduous and responsible office to which he has been elected.

Dr. E. H. Van Deusen, First Assistant Physician at the New York State Lunatic Asylum, has been appointed Physician and Superintendent of the Michigan Asylum for the Insane.

OBITUARY.

Died at Albany, November 19th, 1855, T. ROMEYN BECK, M. D., LL. D., in the sixty-fifth year of his age.

At a meeting of the MANAGERS of the NEW YORK STATE LUNATIC ASYLUM held at Utica, on the twenty-first day of November, 1855, it was

“*Resolved*, That the intelligence of the death of Dr. T. ROMEYN BECK, the President of this Board, has been received with deep regret and sorrow; that this Institution, from its commencement, has been greatly indebted to him for his wise counsels, his judicious and efficient action, his integrity and independence in pursuing the path of duty, his warm sympathy with its officers and the afflicted subjects of its care, and his prompt and hearty devotion to all its interests; and that, in his removal, it has suffered a loss which is painfully felt, and which can hardly be repaired. And that the individual members of this Board, remembering his great private as well as public worth, and having in mind the unbroken kindness and harmony which have prevailed in their association with him, feel his death to be a severe personal affliction.

“*Resolved*, as a token of respect to his memory, that his funeral be attended by the Superintendent of the Asylum, and so many of the Managers as shall be able to accompany him to Albany.

“*Resolved*, That a copy of these resolutions be sent to the family of Dr. Beck.

“CHARLES A. MANN, Chairman.

“E. A. WETMORE, Secretary.”

The *Albany Journal*, in announcing the death of this eminent and universally-honored citizen, remarks:

"Dr. Beck's mission was one of practical usefulness. During the quarter of a century that he devoted himself laboriously to the instruction of youth, as the principal of our Academy, people wondered how a man so gifted could content himself with a position so comparatively humble. The answer is, that Dr. Beck was unselfish and unambitious. He loved his school, his friends, his associates, and, above all, his home. These were, to him, sources of happiness too precious to be sacrificed. He pursued, therefore, with all diligence and cheerfulness the 'even tenor of his way,' raising up generation after generation of thoroughly-educated young men, whose first duty and highest privilege, through life, has been to acknowledge, with grateful hearts, obligations to their beloved instructor.

"Dr. Beck aimed to render all his scientific and literary acquirements available. His knowledge was held in trust for the benefit of others. His mind, like a tree upon a common, bore fruit for the community. He was a man of simple manners, genial nature, social habits, large humanity, and radiant faith. Almost half a century was passed among us in the active discharge of responsible public duties. His efforts to promote education, science, improvement, virtue, and Christianity were always well and wisely directed.

"Dr. Beck's associations, through life, have been with the truly good and great. His society was sought by all who appreciated public worth and social excellence. Those who, for so many years, enjoyed both in their daily intercourse with him, while deploring his loss, will cherish his memory. But to other hearts—hearts with which his own was intertwined—the bereavement comes with a crushing weight. In the halls his presence brightened and gladdened, there is now darkness and sorrow."

Died, at his residence in Utica, on the 29th of December, NICHOLAS DEVEREUX, Esq., one of the Managers of the New York State Lunatic Asylum. At a meeting of the Board of Managers of the institution, held on the thirty-first day of December, it was unanimously

"*Resolved*, That we have received with feelings of deep regret and sorrow, the intelligence of the death of NICHOLAS DEVEREUX, Esq., another of our number who has for the last fourteen years been associated with the officers of this institution in its care and management, and who has ever manifested a warm interest in its welfare, and assiduously labored to promote its usefulness and prosperity.

"*Resolved*, That we tender to the afflicted widow and relatives of the deceased our heartfelt sympathy for the great loss they have sustained.

"*Resolved*, That, as a token of respect to the memory of the deceased, we will attend his funeral in a body.

"*Resolved*, That these resolutions be entered on the record of our proceedings, and that a copy thereof be furnished to the widow of the deceased.

"CHARLES A. MANN, Chairman."

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ARTICLE I.

CONSIDERATIONS ON THE RECIPROCAL INFLUENCE OF
THE PHYSICAL ORGANIZATION AND MENTAL MANI-
FESTATIONS. BY A. O. KELLOGG, M. D., PORT HOPE, CA-
NADA WEST.

THE CEREBRAL AND REPRODUCTIVE SYSTEMS—THEIR RECIPROCAL AND SYMPATHETIC INFLUENCES.

The intimate sympathy of these systems, both in health and when influenced by disease, furnishes an interesting subject for physiological, pathological and psychological investigation. In the field of purely physiological and pathological inquiry the labor has been abundant, and our medical literature has been enriched with works of standard excellence. But when we contemplate the reproductive system, whether in health or disease, in its relations to the cerebral system and to psychology, we are forcibly struck with the paucity and imperfection of our knowledge. The recorded facts which bear upon the reciprocal influence of these systems are widely scattered, and the attempt to collect, digest and systematize them, and make the necessary scientific deductions, would be a work of some importance, and one which would demand more time and space than is usually devoted to an article for a medical journal. I shall not, therefore, attempt even a synopsis of the physiology which is applicable to this subject, or enter into a labored and scientific investigation of the known sympathy which exists between these systems; but, presupposing a knowledge, on the part of the reader, of the physiology involved in the inquiry, confine myself to the pathological phenomena and their relations to psychology.

The influence of excessive and unnatural excitement of the sexual organs upon the mental faculties has long been recognized. In tables setting forth the supposed causes of insanity, this has long occupied a prominent place, and though its influence as a cause of insanity has no doubt been overrated, still it is undoubtedly great.* Of the probable causes of derangement in three hundred and sixty-six cases of insanity, occurring in both sexes—as recorded in the report of the Superintendent of the New York State Lunatic Asylum for the year 1852,—eighty-seven, or nearly one-fourth of the whole number of cases, are reported to have arisen from causes directly connected with the reproductive system. In the report of the Superintendent of the same institution for the year 1853, of the supposed causes of insanity in four hundred and twenty-four cases, one hundred and seventeen, or more than one-fourth, appear to have had direct connection with some disturbance of the sexual organs. In the able and interesting report of Dr. Gray to the Managers of this Institution for 1853, of three hundred and ninety, seventy-two are supposed to have had some direct connection with derangement of these organs. From the above it would appear, that in nearly one-fourth of all the cases of insanity, occurring in both sexes, the disturbance of the generative organs was so marked as to be regarded as a *primary cause* of the mental derangement.

Whether the primary cause in these cases had its seat in the cerebral or the generative system, is a question no less interesting than difficult of solution, and one which could only be determined by an attentive consideration of the history of the cases reported, and a close observance of the true sequence of the symptoms in each. And, whether the primary link in the chain of morbid sympathies had its seat in the one system or the other, it is none the less important in relation to the reciprocal influence of the two.

As the functions of the reproductive system are far more important and intricate in the female than in the male economy, and as the pathological disturbances are, as a natural consequence of this, more frequent and interesting, we are, as a matter of course, to look to the female generative system for the most important illustrations of the sympathetic disturbances and reciprocal influences dependent upon these pathological lesions. Hence all the diseases which affect the female generative system have, at one time or another, been brought forward as causes of insanity. Even its most natural function, that of gestation, does, in some cases, by the peculiar change wrought in the

* See the testimony of the late Dr. Brigham in the Phillips Will Case.—*Journal of Insanity*, vol. vi, p. 132.

female economy, and the train of inexplicable nervous symptoms which result, give rise to insanity; and there are cases on record of females who have been positively insane during the whole of each period of utero-gestation, but who recovered their mental health and strength soon after delivery. The cases in which some slight mental or moral disturbance during gestation has been observed are numerous; there are many on record, and every experienced practitioner is able, no doubt, to recall to mind such slight disturbances.

The influence which the menstrual function, even when performed apparently in a healthy manner, exercises upon the mental faculties and moral feelings of some females is exceedingly interesting to the intelligent and philosophical observer. In certain abnormal states of this function the influence is still more apparent. I have been told by intelligent females, accustomed to analyze their own feelings, that they felt far less mental energy during this state than in the intervals, and that they possessed far less control over the moral feelings than at other times, were more easily excited, and that the most trifling circumstances, which at other times would pass unheeded, have, in spite of every effort, greatly disturbed their equanimity. In some whom I have known, of a nervous, excitable temperament, their whole character appeared changed during the menstrual period, and from being cheerful, kind, firm, patient, and decided, they became morose, taciturn, wayward, fidgety, and impatient, frequently manifesting a certain nervous irritability bordering on hysteria, and were sometimes overcome by paroxysms of that interesting affection.

The changes which take place in the mental and moral faculties about the time of puberty, are in both sexes very interesting, particularly so in the female. These have been frequently alluded to by medical writers, as attendant upon a fuller development, and higher manifestations of vitality in the sexual organs. During these changes the nervous system exhibits increased susceptibility and sensibility, and not only the whole frame, but also the mental manifestations present greater activity of development. "The mind," says Dr. Copland, "acquires extended powers of emotion and passion, and the imagination becomes more lively. If, on the other hand, the uterine organs continue undeveloped, and the menstrual discharge does not appear, the mind is dull, weak, or depressed, and the emotions and passions are imperfect or altogether absent."*

The young female, who, up to the time of these changes, has appeared, comparatively speaking, a non-sexual being, in her intercourse

* Dictionary of Medicine. Art. Menstruation, vol. ii, p. 959.

with her companions, playing in childlike innocence and unrestrained freedom with the opposite sex as with her own ; ignorant and unconscious of the powers within her which are soon to be awakened from their slumbers, begins, as she now approaches the verge of womanhood, to be animated with feelings and desires to which she was before a complete stranger, and which she regards with a deep interest as the forerunners of something, she scarcely knows what, and which she feels inclined to cherish, yet shrinks from, as though she knew not whether they were of good or evil omen.

In her intercourse with her former playmates of the opposite sex, there appears gradually to have dawned upon her an interesting shyness and maidenly reserve. Expressions which before conveyed no meaning to her pure mind, and which even now are but partially understood, are yet sufficiently so to tinge her cheek, and cause her to shrink back instinctively, as from some foul and pestilential presence. Her likes and dislikes are stronger, and rendered more apparent to those around her. In short, the physical changes brought about in a limited period of time in the sexual system have wrought a complete change in the mental and moral character of the young girl, and this most interesting period of transition terminates in that of complete womanhood, with all its desires and its aspirations, its hopes and its fears, its joys and its sorrows.

But it is in connection with the various diseases incident to the female generative system that we are to look for the more curious illustrations of this cerebral sympathy. The abnormal mental state of many patients laboring under hysteria, menorrhagia, dysmenorrhœa, amenorrhœa and the affections intimately associated with uterine derangement has long been observed by medical men. "In at least three cases out of four," says Dr. Francis, "I have found hysteria associated with uterine derangement, and the restoration of the menstrual function to its healthy state has proved the precursor of the removal of the hysterical annoyance." Hysteria, again, may manifest itself chiefly by disorder of the mental faculties, and the moral feelings and emotions. "The mental affections," observes Dr. Copland,* "connected with hysteria may be referred, 1st, to certain states of monomania, among which excited desire, amounting in some cases to nymphomania, may be enumerated ; 2nd, to *ecstasis* and mental excitement, in some cases of a religious nature, in others of different descriptions ; 3rd, to a state of somnambulism ; 4th, to a form of delirium, generally of a lively character, with which various hysterical symptoms are often conjoined : 5th, to various

* Dictionary of Medicine, vol. ii, p. 321.

delusions, generally of a hypochondriacal kind, to which the patient may become subject, or even the victim, owing to the indulgence it may meet with from imprudently kind relatives; and, 6th, to a desire to feign various diseases, sometimes of an anomalous or singular form."

The subjoined remarks of this same acute and philosophical physician are so apposite that we cannot resist the temptation to transcribe them in this connection. "Hysterical females," says he, "are not merely capricious or whimsical, but they often become enthusiastic for a time in the pursuit of an object, or in cherishing an emotion by which they have been excited. In many such cases the nervous excitement and vascular turgescence of the uterine organs determine the character of the mental disorder; elevating certain of the moral sentiments, or of the intellectual manifestations, to a state of extravagance, passing in some instances into delusion or monomania. Many cases of puerperal mania are merely extremes of the hysterical disorder of the moral and intellectual powers or states of the mind. All these more extreme forms of mental affection are observed only where, in connection with much local or uterine irritation, there is great deficiency of nervous energy generally, and of mental power in particular; or where, with such deficiency, there has been much injudicious culture, or perversion, or improper excitement of the imagination. Females sometimes become passionately attached to an object, and this passion may advance even to nymphomania or monomania. * * * * *

The hypochondriacal feelings, the desire to deceive, or to simulate various diseases, or the delusions which sometimes possess the minds of hysterical females may be classed with the foregoing, as requiring a similar plan of treatment. In all of them the *intentions of cure* are, to remove irritation or vascular turgescence of the uterine organs; to improve the general health; to strengthen the nervous system; to calm the imagination, and to guide the moral impulses of the patient. The most efficient, however, of these means are not likely to be adopted by the patient. Few will resort daily to the shower bath, or even occasionally to terebinthinate enemata, or submit to a course of tonics, or to a suitable regimen, &c., while she believes her health but little affected. Even when the hysterical disorder is of a very painful kind, the variability or capricious state of her mind leads her to run from one physician to another before opportunity of administering aid is afforded to any. At last, the most notorious charlatans—particularly those who either *excite the body through the mind, or the mind through the body*, the animal magnetizers, the homœopathists, the St. John Longs of rubbing celebrity, and the Campbells of celestial-bed notoriety

—fix her attention. At such medical bagnios there is something promising gratification as well as excitement, and at such places hysterical as well as hypochondriacal patients ‘most do congregate.’”*

When we pass from the consideration of the influence of the reproductive system upon the cerebral, to take a view of the influence of the latter upon the former, we enter upon an inquiry possessing as profound an interest as any in the whole domain of science; and here again, as before, we have to look to the female economy for the most interesting facts and phenomena illustrative of this mysterious and inexplicable sympathy. The results of this influence, if we allow ourselves to believe the statements, and receive as evidence what is brought forward as fact in illustration of it, are indeed sometimes most extraordinary; and the unmistakable evidence of this which is from time to time presented to the medical observer, is sometimes so curious as to make him pause before rejecting, as the workings of a morbid imagination, the statements which are sometimes made by intelligent females whose veracity we cannot doubt, and whose motives for deceiving us we are unable to discover.

There are few physicians of experience who will not be able to call to mind some extraordinary statements made to them by females in reference to this sympathy, which at the time, no doubt, merely called forth a smile of incredulity or surprise at what was then regarded as the result of superstition, or of a morbid imagination, but which, in after hours, has been seized upon by him “as food for reflection.”

Take the following cases as examples in illustration of this. An intelligent lady once pointed out to me a large *maternal mark* on the body of her young daughter, which she accounted for in the following singular manner. At the time of her pregnancy she was once retiring to bed accompanied by a female friend who happened to be staying with her at the time. After having undressed herself, and as she was changing her underclothing, her companion observed a live toad hopping around the room, into which, by some means, it had found its way. Her companion caught up the creature, and threw it at her, hitting her on the bare body, causing her to shudder and experience the most intense feelings of disgust as the cold, slimy body of the toad came in contact with her person. When the child, at the time in her womb, was born, this mark on its body was found, the position of which, said the lady, corresponds precisely with the spot where her own was struck by the body of the toad. The result (supposing it to be such) of the mental impression in the following case is much more interesting.—

* Dictionary of Medicine, vol. ii, p. 337.

Mrs. N., of T., a highly intelligent lady, of refined and cultivated tastes in art, particularly painting,—is the mother of several interesting daughters. Though highly intelligent children, with one exception they are not remarkable for personal beauty. The one which forms the exception possesses one of the most lovely and beautiful faces I ever beheld, the expression of which is so truly angelic as to attract the attention and call forth the admiration of every one who sees her. Once when conversing with the mother respecting her children, and remarking upon the extraordinary beauty of the one alluded to, she said to me that she had a peculiar theory of her own to account for the uncommon features of this child, so unlike any of the others or either of its parents. Her theory was this, and though strange, she considered it quite as sensible as some other theories brought forward to account for strange things.

While pregnant with this child, her husband, who is a man of wealth and a connoisseur in art, purchased a beautiful painting—a Madonna, either an original or some excellent copy of one of the old masters—and hung it in the drawing-room. She was enraptured with the sweetness and beauty of this picture, and often sat for hours together with it hanging before her while at her work. To this circumstance Mrs. N. attributed the sweetness and beauty of this child's face, so unlike either of the others. Between the features and expression of this picture and those of the child there was certainly a similarity.

The manner of life led by Letitia, mother of the great Napoleon, while pregnant with the embryo warrior, has been supposed to have influenced in a high degree his extraordinary organization, and helped to determine his character. She appears, by the concurrent testimony of all, to have been a woman of strong character, and was often placed in circumstances requiring its vigorous exercise; and at no period of her life do her resolution and firmness appear to have been more heavily taxed than during the civil war which desolated the island of Corsica, immediately before it became a part of France. Her husband was an officer under General Paoli, and she followed him on horseback wherever he went, sharing his dangers; even when pregnant with Napoleon she appears not to have been deterred from this by the embarrassing circumstances of her delicate condition, but was exposed thereby to many perils which few women have nerve to endure, and even less to be able to carry a conception to its full time. There cannot be the slightest doubt that all this had a marked influence on the organization and character of the child which was then being evolved within her womb.

Cases in which the death of the fœtus has been caused by some sudden shock, or some powerful mental or moral emotion in the mind of the mother are numerous. I have been told repeatedly by females who have given birth to dead children, that, after some powerful mental or moral emotion, they ceased directly to feel any movement of the fœtus, and have dated the death of the being within them from that moment. Of the extraordinary influence of mental emotion upon the secretion of milk, and through this upon the health of the nursing infant, we have many interesting examples; and it would be of the utmost practical importance to diffuse more information among nursing females on this subject. I am confident that I have frequently seen the death of the nursing infant result from ignorance of the mother of this important influence; and several cases are now presented to my recollection, where the life of the infant has been placed in the utmost jeopardy by its mother's nursing it when in a state of powerful mental excitement. Not long since I was called to see a child aged seven or eight months, which, up to a short time before my being sent for, had been in a most thriving condition, exceedingly healthy and robust. I found the child in a state approaching complete coma, in a condition much resembling that which results from hydrocephalus, or anæmia of the brain, as the result of some exhausting disease. It had suffered no such disease; and as the coma had come on suddenly, constipation of the bowels only having been observed as its forerunner, I felt puzzled to determine the true cause. After, however, a free action of the bowels, for which large doses of cathartic medicine were required, it rapidly regained its consciousness, and, after passing dark green stools for a number of days, completely recovered. The mystery which shrouded this case, and which I was not able to unravel at first, was soon, however, explained; for, in conversation with a near neighbor, I learned that the mother, who was a woman of very violent temper, had for a number of days been giving way to most intense paroxysms of rage, which had been expended upon her husband, for selling a piece of property against her wishes. During all this time she was nursing her child. I immediately requested the mother, if she wished to rear her offspring, of which she was passionately fond, to suspend nursing it under such a state of mental excitement; and if she could not control herself, and make up her mind to be quiet and cheerful, it would be advisable to wean the child, or employ a wet nurse, while giving the reins to her passion, and not allow its force to be expended upon the frail being who was innocently drawing its nourishment from her bosom. She appeared to feel the justice of the reproof, and was,

doubtless, more careful for the future, as the child did well, though not weaned for several months after this occurrence.

Another lady, of a highly excitable temperament, the mother of three children and who had frequently been under the medical care of the writer, gave birth to her first male child about one year since. The child was healthy, and appeared to thrive well for four or five weeks. Its mother, on first leaving her room, was, as is frequently the case with careful housewives, somewhat excited and vexed with the condition of things in the kitchen, and the "high life below stairs" which had evidently been led by the servants during her confinement. She was also excited, on the same day, by the arrival of some friends. In addition to this, after retiring to her room, she heard the child next in years to the infant fall down a flight of stairs. She was much alarmed, had the child brought up to her room, screaming, with its nose bleeding and broken. She took it upon her lap, bathed its face, and after stanching the hemorrhage and quieting the child to sleep, she, most imprudently, and, though a highly intelligent person, ignorantly and innocently suffered the infant to nurse after this crowning excitement of the day. Its bowels became immediately deranged, the stools green, high fever and convulsions supervened, and the child died in great agony in less than three days, with all the symptoms of violent inflammation of the bowels. Such cases ought to be a warning to all mothers, and the conscientious physician will be doing his duty in advising such excitable persons of these dangers, that they may avoid the pain consequent upon the sickness and frequently the death of their offspring, of which they have been, though ignorantly, and perhaps innocently, the cause.

"No secretion," says Dr. Carpenter,* "so evidently exhibits the influence of the depressing emotions as that of the mammæ." Sir Astley Cooper, in his able Treatise on the Breast, says, "The secretion of milk proceeds best in a tranquil state of the mind; then the milk is regularly abundant, and agrees well with the child. On the contrary, a fretful temper lessens the quantity of milk, makes it thin and serous, and causes it to disturb the child's bowels, producing intestinal fever and much griping. *Fits of anger* produce a very irritating milk, followed by griping in the infant, with green stools. Grief has a great influence on lactation, and consequently upon the child. The loss of a near and dear relative, or a change of fortune, will often so diminish the quantity of milk as to render adventitious aid necessary for the support of the child. Anxiety of the mind has also the same effect.

* Human Physiology, p. 475.

The reception of a letter which leaves the mind in anxious suspense lessens the draught, and the breast becomes empty. If the child be ill, the mother is anxious about it; she complains to the medical attendant that she has little milk, and that her infant is griped, and has frequent, frothy, and green motions. *Fear* has the same influence: the apprehension of the brutal conduct of a drunken husband will, for a time, stop the secretion. Terror, which is sudden, and great fear instantly stop the secretion."

From the great importance which attaches itself to this subject, I deem no excuse necessary for transcribing the following cases, the most interesting on record in reference to this matter.

A carpenter fell into a quarrel with a soldier billeted in his house, and was set upon by the latter with his drawn sword. The wife of the carpenter at first trembled with fear and terror, and then suddenly threw herself furiously between the combatants, wrested the sword from the soldier's hand, broke it in pieces, and threw it away. During the tumult some neighbors came in and separated the men.

While in this state of strong excitement, the mother took up the child from the cradle, where it lay playing, and in the most perfect health, never having had a moment's illness; she gave it the breast, and in so doing sealed its fate. In a few minutes the child left off nursing, became restless, panted, and sank dead upon its mother's bosom. The physician, who was called in instantly, found the child lying in the cradle as if asleep, and with its features undisturbed; but all his resources were fruitless: it was irrecoverably gone. In this interesting case the milk must have undergone a change which gave it a powerful sedative action upon the susceptible nervous system of the child.

A lady, having several children, of which none had manifested a tendency to cerebral disease, and of which the youngest was a healthy infant a few months old, heard of the death, from acute hydrocephalus, of the infant of a friend residing at a distance. The circumstance made a strong impression upon her mind, and she continued to dwell upon it. One morning, shortly after having nursed it, she laid the infant in the cradle, asleep, and apparently in perfect health; her attention was shortly attracted to it by a noise, and, on going to the cradle, she found her infant in a convulsion, which lasted for a few minutes, and then left it dead. Now, although the influence of the mental emotion is less unequivocally displayed in this case than in the last, it can scarcely be a matter of doubt, since it is natural that no feeling should be stronger in the mother's mind, under such circum-

stances, than the fear that her own beloved child should be taken from her, as that of her friend had been; and it is probable that she had been particularly dwelling upon it at the time of nursing the infant on that morning.

A mother had lost several children, in early infancy, from convulsive disorder. One infant, however, survived the usually fatal period; but, whilst nursing him one morning, she had been strongly dwelling on the fear of losing him also, although he appeared a very healthy child. In a few minutes after the infant had been transferred to the arms of the nurse, and while she was urging her mistress to take a more cheerful view, directing her attention to his thriving appearance, he was seized with a convulsive fit, and died almost instantly.”*

Mr. Wardrop, in the *Lancet*, No. 516, states, that, having removed a tumor from behind the ear of a mother, all went on well, until she fell into a violent passion, and the child being suckled soon afterwards, died in convulsions. He was sent for hastily to see another child in convulsions, after taking the breast of a nurse who had just been severely reprimanded, and was informed by Sir R. Croft that he had seen many similar instances.

Three cases are recorded by Burdach (*Physiologie*, § 522), in one of which the infant was seized with convulsions on the right side, and hemiplegia on the left, on nursing after the mother had met with some distressing occurrence.

Another case was that of a puppy, which was seized with epilepsy, on sucking its mother after a fit of rage.

The influence of strong mental emotion upon the menstrual secretion is very marked. There are few women of intelligence who have not noticed this fact, and this influence is particularly marked in any of the usual disorders of menstruation. Menorrhagia is almost invariably aggravated by powerful mental emotions. Some forms of dysmenorrhœa are not only caused, but rendered more painful by mental or moral disturbance. Acute suppression of the menses may arise, says Churchill, from a bodily or *mental* shock received either just previous to, or during menstruation; and gives, in a note, the following interesting illustration of this. Almost all the women, says he, who are sent up to the Richmond Penitentiary, after being tried at the Recorder's Court, labor under suppression of the menses, in consequence of the mental agitation and distress they have undergone. But it is unnecessary to multiply illustrations of this, as I am anxious not to be led by the interest which attaches itself to this subject to exceed the limits within which I proposed, at the commencement, to confine myself.

* Op. cit., 475-6.

ARTICLE II.

HOMICIDAL INSANITY.—THE CASE OF NANCY FARRER.

BY J. J. QUINN, M. D., SUPERINTENDENT OF THE HAMILTON COUNTY LUNATIC ASYLUM, CINCINNATI, OHIO.

One of the most important trials for homicide, in which insanity was set up as a defense, that has taken place in the courts of Hamilton county, was the trial of Nancy Farrer. This case is remarkable, not only from the enormity of the acts with which the prisoner was charged, but also from the different opinions of medical and other witnesses; the conflicting verdicts of different juries, returned upon the same testimony; and the varied opinions of the different judges, before whom the case, in some form, came up. By one court and jury the evidence was considered sufficient to regard the prisoner as a sane, and therefore responsible person. By another legal tribunal the same testimony was regarded as conclusive of her insanity and irresponsibility. Which tribunal gave the true decision? The circumstances of the murders of which she was accused, and the history of her previous life, habits, and character, can, perhaps, best answer.

In July, 1851, Nancy Farrer went to live with a Mrs. Green, to take care of her in her accouchement. A few days after the delivery of his wife, Mr. Green left home, Nancy remaining in charge as nurse. The patient kept some money (two or three hundred dollars) under her pillow, from which she occasionally took change for the nurse to purchase medicine. The money and the place of its concealment came to the knowledge of Nancy. It appears that she and a Mrs. Bazley, an occupant of another part of the house in which Mrs. Green resided, entered into an agreement or conspiracy to obtain this money. A conversation between the two was accidentally overheard, which showed this agreement. Mrs. Green recovered favorably from her confinement, and continued well until the 6th of August, one month after the birth of her child. She was then taken suddenly ill with symptoms of poisoning by arsenic. As some of these symptoms resembled those of cholera, and as that disease had not entirely disappeared from Cincinnati, foul means were not suspected. On the occurrence of vomiting Nancy was dispatched for the family physician. The summons, however, was not known to him until the next day, when he was again sent for. The first violent symptoms partially subsided, but the vomiting, burning in

the throat, &c., again returned,—again subsided and again returned, until the 10th of September, when the medical attendant, leaving for the East, placed his patient in charge of a medical brother. The same occasional subsidence and renewal of the symptoms continued during the attendance of the second physician, until the 3rd of October,—nearly two months after the first seizure,—when the patient died. Mrs. Green's child died three weeks before the mother. The symptoms were the same in both, and the child was supposed to have been affected through the nourishment of the mother. Nine days prior to the death of Mrs. Green, a consultation was held with another physician, but there is no evidence, except a subsequent intimation from Nancy, that either he or the other attendants suspected the administration of arsenic.

During the illness of Mrs. Green, she was visited by a lady friend. While there, the visitor partook of some ice water, contained in a pitcher from which the patient was supplied with drink, went home, and was soon after seized with symptoms of poisoning. The pitcher was not placed beside the sick woman, but was kept upon a cupboard in the room, and some of its contents given frequently to the patient. While this lady was in the room with Mrs. Green, Nancy entered and informed her that she had been sent for to go home, as there was company waiting for her. This was not true; and when upbraided, the next day, for the falsehood, Nancy excused herself by saying that it was another person of the same name who had been sent for.

In a conversation partially overheard between Nancy and Mrs. Bazley, just before the death occurred, the former remarked that the "doctors said they did not know what ailed her" (Mrs. Green). Mrs. Bazley replied, "Nancy, I think you know her disease better than anybody else," and Nancy answered, "I think I do."

After the decease of Mrs. Green, a friend, who took charge of her effects, thought some articles were missing. That a certain quilt was gone he felt confident. He returned and inquired of Mrs. Bazley for the quilt. She denied any knowledge of it, and said it must be at the washerwoman's. She directed Nancy to go and inquire for it, taking the person into an adjoining room to await her return. As soon as the parties entered the other room, Nancy, instead of proceeding to the washerwoman's, went to a bed in the room which they had left, abstracted the missing property from under it, placed it under her arm, went into the street, returned into the house, entered by a different door the room in which her accomplice and the friend of the deceased awaited her, and delivered up the property. In her circuitous route with the quilt, a small child of Mrs. Bazley's attempted to follow her,

threatening "to tell." Nancy rebuked her, stamped her foot at her, and told her to go down stairs.

It was in evidence that Nancy knew the value of money, as she had received and appropriated it to her individual uses. Previous to the time she came to take care of Mrs. Green, a lady with whom she lived (Mrs. Isherwood) had missed some property, and accused her of stealing a dollar. With this single exception, her character had been that of an honest, upright girl. There seems to have been nothing gained by the death of Mrs. Green. The money was removed after the suspicious conversation was overheard, and the quilt, the only article positively missed, was restored.

About the 27th of October, or some three weeks after the death of Mrs. Green, we find Nancy, in the character of servant, at the house of Mr. Elisha Forest—a short distance from the scene of the above occurrences. Mr. Forest's wife was laboring under phthisis pulmonalis, and though not constantly confined to her bed, her death had been expected for some time. On the very evening of the day on which Nancy first went to live with her, Mrs. Forest was seized with symptoms of poisoning. Nancy had prepared a supper for her, which consisted in part of fried potatoes. No sooner had she partaken of the potatoes than she complained of their containing so much pepper, or some other hot substance, that they burned her throat. The irritation of the throat was immediately followed with vomiting and other symptoms resembling the poisonous effects of arsenic, which continued one week, when she died.

The day after this fatal supper had been prepared, Mrs. Forest was visited by a girl who had previously lived with her. During this visit, the girl drank some water, and became so sick afterwards that she remained all night. Nancy inquired of this girl whether Mrs. Forest was not "a cross woman." On being answered in the negative, she said she had insulted her more than she had ever been insulted before; that "she had made her scrub the floor over because it was not clean enough, and stood in the door and watched her." Nancy also added, "she had a notion of speaking back about it, but thought she would fix her for it."

While Mrs. Forest was sick, Nancy asked a neighboring lady, who was visiting the patient, what she thought of her. The lady replied she "hardly knew,"—that she (Mrs. Forest) was very sick. Upon this Nancy remarked, that she had been taken "with vomiting and heaving, just like Mrs. Green."

Another lady remarked to her, during Mrs. Forest's illness, that it was singular she should be taken worse after having been so much better in

the afternoon. Nancy said, "It was just the same way with Mrs. Green; that she (Mrs. Forest) took to heaving, just like Mrs. Green, and she did not think she would live."

The night following Mrs. Forest's death, some of the neighbors sat up, and were told by Mr. Forest to get what they wanted to eat in the kitchen. At the request of one of the party, a lady went into the kitchen to prepare something. She increased the fire, took the tea-kettle—containing water not yet cold—from one part of the stove, and placed it upon another, to boil. At this moment Nancy entered and snatched the kettle off the stove, saying, "You devil you, I have a notion to kill you." She placed the kettle with the warm water behind the stove, put the coffee-boiler in its place, and poured cold water into it out of the bucket. To a remark of the lady, that she would not "kill" her, Nancy made no reply.

On the 20th of November, two and a half weeks after the death of Mrs. Forest, her youngest child, John Edward Forest, aged two years and eight months, was taken sick, and died the next day.

While this child was "laid out," Nancy remarked to the same girl to whom she had spoken of Mrs. Forest's "crossness," and who was assisting to make the shroud, "how lucky she was with sick folks.—They all died in her hands." The girl said, "May be you killed them," and Nancy rejoined, "May be I did." Both girls conversed in a careless and smiling way, and the remarks of Nancy excited no particular attention at the time. Previous to this conversation, James, an elder child, wanted the visitor to take some molasses syrup, which Nancy had made for the children. Nancy interposed, telling her not to taste it, that it would make her sick. She tasted a little of it, however, to satisfy the child, but experienced no bad symptoms from it.

Two or three days after the death of the child, a gentleman remarked to her that she had "very good luck" in losing people on whom she waited. She said yes,—that she had lost six persons. On enumeration, however, the number proved to be only five—the four referred to above, and the child of another person. To a question as to what had been the matter with Mrs. Forest and her child, she replied that the doctor had stated, but she had forgotten. She added, "In a week or two Jimmy will die." Being interrogated what was the matter with him, she said she did not know, "only he would not eat." Jimmy was the child who had wanted the former servant girl to taste the molasses syrup, and with the murder of whom she was subsequently charged. He was at this time in his usual health, running about and playing with other children. During this conversation, there was no excitement or emotion observed in her conduct. Her manner was that of relating an ordinary fact.

On the 27th of November (a few days after this) a lady, who had been acquainted with Nancy four or five years, remarked to her that she was unfortunate in living where so many died. She said, "Yes, five have died where I lived." She named Mrs. Green and her baby, Mrs. Forest and Johnny, and stated that Mrs. Isherwood's baby had died a day or two after she left. Mrs. Isherwood was the lady who had accused Nancy of stealing a dollar. To a query as to what had been their complaint, she said that "Mrs. Forest was consumptive and she expected the children were like her." She said, "Jimmy will go next, and Billy and the old man, and I expect they will all go of one complaint." Billy was the eldest son of Mr. Forest. At this conversation she exhibited no unusual emotion, and said she did not feel alarmed about the deaths,—that she "did not think anything of them."

On the morning of the first of December, eleven days after the death of Johnny, Nancy was seen going in the direction of a drug-store, at which it was subsequently ascertained she had purchased arsenic. When asked where she was going, she said "to buy muslin." A short time after this (the same morning) she was in company with James Wesley Forest, a child aged eight years and four months. A neighboring lady, noticing that the child appeared to be laboring under catarrh, advised her to give him some onion syrup, furnished her with a few onions, and directed her how to prepare and administer it. In less than an hour Nancy returned to the lady's house and informed her that Jimmy was very sick,—“taken with a vomiting and heaving, just the same as little Johnny was.” The lady went to Mr. Forest's, saw the child, and asked what could have made him so sick. Nancy and the child both replied that "it was the onion syrup,—that he had not taken anything else." The lady remarked that "they (the mother and children) are all dying of the same disease," to which Nancy made no reply. To another lady who visited the child during his illness she appeared confused when asked what he had eaten to make him so sick, and answered "toast and coffee." With the exception of this confusion, which was noticed by one witness only, there was still no change observable in her conduct or demeanor.

When James was taken sick, Nancy proceeded, after informing the lady from whom she had obtained the onions, to the work of Mr. Forest, and notified him of his child's sickness. She also mentioned it to several others on the same day. To one she said "he was just taken like little Johnny, and she did not think he would live." And to an inquiry as to what she was sewing at the time, she answered that she was making a pair of drawers for him, as she thought he would need them.

The child was taken sick on Monday. That night the father sat up with him until 4 o'clock A. M. of Tuesday, when he left him in charge of Nancy. It appeared that he was better through the first part of the night, while his father remained with him, but under Nancy's attendance the symptoms increased towards morning. On Tuesday evening, at 9 o'clock, the patient seemed so improved that the attending physician thought he would speedily recover from the attack. That night Mr. Forest again sat up with his child, until 3 A. M. of Wednesday. Having felt unwell himself through the night, he then retired, leaving James, as on the previous morning, in charge of Nancy. Under her care the improvement ceased. Daylight found the symptoms returned in an aggravated form. The little sufferer sank rapidly, and died shortly after 2 P. M. in convulsions—two days and four hours after the first symptoms occurred.

After James became sick, two neices of Mr. Forest called to see him. The younger one took a draught of the water which was intended for the patient, and was seized with vomiting in half an hour. The other drank water not intended for the sick child, and experienced no bad effects.

On Tuesday, the day before the death of the child, Nancy went to the woman from whom she had procured the onions, and requested her to wash a shirt for Jimmy, as she "did not think he would live, and they would want it to lay him out in." On the same day, Mr. Forest remarked that if the physician could not discover the disease under which James was laboring, he would have a *post mortem* examination made in case of his decease. Nancy heard the remark, but said nothing. That evening, fifteen or twenty minutes after they had eaten supper, Mr. Forest and his eldest son, a boy 11 years of age, were seized with symptoms similar to those of which his wife and youngest child had died, and under which a third member of his family was then laboring. Nancy had until this time invariably taken her meals with the family. This evening, however, she did not sit down to the table with Mr. Forest and his son. She sat down to her supper after they had finished; and although she had always been in the habit of eating potatoes, if any had been prepared, she on this occasion avoided some that had been fried and placed before Mr. Forest and his child. The boy thought the fried potatoes had a "sweet taste" and partook of them freely. Nancy, however, passed them by, and, after she had finished her supper, gathered them up with the crumbs and threw them into the yard. The boy remained sick until about midnight, and Mr. Forest continued to vomit until 3 A. M. of Wednesday, when he lay down.

Before James died, Nancy asked what physicians were to be sent for "to hold a council over him." She was told that Mrs. Green's regular attendants had been sent for. She said, "it was no use to send for them. They did not know what ailed Mrs. Green, and could not tell what ailed Jimmy. If they would send for Dr. J., he could tell right away. He knew right away what ailed Mrs. Green." Dr. J. was the physician who was called in consultation before Mrs. Green's death, but there was no proof in the trial what he had stated to be the cause of her suffering. The doctor's own testimony was, that he found her greatly prostrated with inflammation of the stomach, and found many of the symptoms usually produced by arsenic; but there was no evidence that he suspected poisoning at the time of his visit.

Up to the death of James, Mr. Forest seems not to have had the least suspicion of the true cause of the visitation that had fallen upon his family. He saw his wife and two youngest children sicken and die of a disease which the family physician could not name or account for. He found his only surviving son and himself seized with symptoms which ushered in the last illness of his wife and children. And yet he suspected no murder! He thought the events strange, mysterious; wondered that the physician could not discover the cause; determined to have a *post mortem* examination to penetrate the mystery; spoke of his intentions in presence of Nancy; but the idea of poison had never crossed his mind.

A *post mortem* examination of the body of James was made, and revealed the presence of arsenic in the stomach. The bodies of John Edward Forest, Mrs. Forest, and Mrs. Green were exhumed, and chemical analysis also detected arsenic in each of their cases. The symptoms in all the victims corresponded, in every particular, to those produced by arsenic; and the *post mortems* proved, beyond doubt, that all the persons named died from the effects of that poisonous drug. It was proven that Nancy purchased arsenic, during the period that death and destruction were following in her path, on at least five or six different occasions, and at three different drug-stores, no two of the stores being less than half a mile distant from each other. When purchasing the arsenic, she stated it was for the purpose of killing rats. No person prepared Mrs. Green's drinks but Nancy and Mrs. Bazley; and none attended to the cooking and housekeeping of Mr. Forest's family but Nancy alone.

The discovery of the cause of death led to the belief that the first dose of poison given to Mrs. Green was a large one; but the patient partially recovering from its effects, subsequent doses were administered

more guardedly, in small quantities, frequently repeated. Circumstances favored the opinion that the ice-water, which had been directed by the physicians, was impregnated with arsenic, and given frequently to the patient, thus keeping up a slow but constant irritation and inflammation, until death relieved the sufferer from her agony. In the cases of Mrs. Forest and her children, less caution or less knowledge in the administration of the poison seems to have been displayed. Either the weakness of the already enfeebled mother and the age of the children were not taken into consideration, or the deadly drug was given with a bolder and more daring hand.

At the *post mortem* examination of James, Nancy stood by, watching the examination with great interest. She heard the physician state the child had died from arsenic, and ask the father whether he had any about the house to destroy rats, without betraying any unusual emotion. When the suspicion of arsenic, however, was fully aroused, her manner became somewhat excited, and she was observed, when two persons would converse together, to draw close to them and listen to their remarks. After the examination, Mr. Forest remarked to her that it was hard to think the children had all been poisoned, and that she "would have to bear the blame." She answered, "I did not do it." He then told her she had heard the doctor say the child had taken arsenic, and she answered, "I do not know what arsenic is."

That night she was found by Mr. Forest sitting by the fire in the room with the corpse, in an apparent study. She had a string, which she wrapt upon her fingers, then unwrapt it, put it in her mouth, broke it, and again wrapped it upon her fingers. This she continued to do for some time, there being several persons present in the room. The next night a label of a drug-store, at which she had, some three weeks previously, purchased arsenic, was found upon the steps leading to her room. She steadily denied any participation in the deaths of the victims, and made no effort to escape before her arrest. When arrested, she began to confess all, but was advised to keep her secrets to herself and acknowledge nothing.

Nancy was indicted for the murder of James Wesley Forest, the last of the victims, brought to trial before the Court of Common Pleas for Hamilton County, on the 18th February, 1852, where the above facts were given in testimony. The examination and arguments occupied nine days, and the jury having deliberated sixty-three hours, returned a verdict of "guilty." A motion for a new trial was overruled, and the prisoner sentenced to be executed on the 25th day of June, 1852. The case was taken up on error to the Supreme Court of Ohio, the verdict set aside, and a new trial granted.

The prisoner remained in the County Jail until the 7th of December, 1854, when she was brought before the Probate Court (Judge J. B. Warren) and a jury of twelve men, under an inquest of lunacy. R. B. Hays, Esq., appeared as counsel for the prisoner, and A. J. Pruden, Esq., for the State.

The poisoning of Mrs. Green by Nancy and Mrs. Bazley, and that of the Forest family by Nancy alone, were admitted, and some of the circumstances claimed as evidence of her insanity. In addition to these circumstances, her parentage, education, personal appearance, general character, together with the opinions of medical and non-medical witnesses, were adduced.

The circumstances attending the poisoning which favor her insanity have, of course, been noticed. Her history will require further comment.

Nancy Farrer was born in Fannington, Lancashire, England, in July, 1832. About the 10th year of her age, her father, with another child, a son younger than Nancy, emigrated to America. She and her mother followed two years later. Her mother had been a Mormon for six or seven years previous to leaving England. Nancy is said also to have given in her adherence to Mormonism before she left her native land. Her father joined the same faith after his arrival in Cincinnati. The family appears to have subsequently resided in Nauvoo two years, no doubt observing the practices and ceremonies of the religion which they had adopted.

The mother of Nancy was proven a religious monomaniac. She conceived herself a propheteß; imagined that she was the wife of our Saviour, and the mother of all the living; claimed that she saw every event transpiring in the world, and indulged in the wildest visions and most extravagant hallucinations upon religious subjects. Mrs. Farrer was, perhaps, a monomaniac previous to the time she became a Mormon; but whether she had any hereditary predisposition to insanity, or whether monomania manifested itself before the birth of Nancy, is not known. That she is now insane, however, is beyond all doubt. Mr. Farrer was a shoemaker, and possessed the ordinary intelligence for one in his sphere of life, but, probably from the whims and vagaries of his wife, contracted habits of intemperance, and finally died from the effects of drunkenness, in the Commercial Hospital of Cincinnati, in 1847. Previous to his death, he had once threatened self-destruction, by running into the Ohio river; and, upon another occasion, actually attempted suicide by cutting his throat. He was thought to be laboring under *delirium tremens* at these times, having had several attacks of *mania a potu* before his death.

So much for Nancy's parentage. From the character of her parents, her moral culture can be readily imagined. From a monomaniac mother, under whose exclusive guardianship she was left during the two years intervening between her father's emigration from England and that of her own, she could not reasonably be expected to derive any extraordinary amount of moral education. Nor could the example of a drunken father, after she came again under his care, add much to what she might have received from maternal teachings and precepts. Perhaps she received more moral instruction during her residence among the Mormons of Nauvoo than from either of her parents. If Mormonism teaches that it is contrary to the laws of God to steal or take human life, she must have reached a degree of moral elevation that would have enabled her to understand the nature and enormity of the crime with which she was charged, unless her intellectual organization disqualified her for a full and proper appreciation of the responsibility of the act.

Of Nancy's literary acquirements we know nothing, except that she went to school and learned to read. She seemed to derive pleasure from her hymn-book, and satisfaction and enjoyment from the perusal of newspapers and other light literature. It appears from the receipt of the copy of the indictment served upon her, that she cannot write, as she made her mark to it instead of attaching her signature.

In person she is very unprepossessing. Her forehead is narrow, but not remarkably low, although the hair extends downwards over it. The nose is flat, with a slight indentation or fissure running up its center. The lips are rather thick, and the mouth, when not engaged in conversation or otherwise employed, is half open. The face is square, and the eyes widely separated, measuring two and three-eighths inches between the inner canthes. Her body and limbs appear to be well formed. Her head seems to be proportionate to the size of the body, and, with the exception of a slightly narrow forehead, presents, to my mind, no particular malformation. A distinguished physician of Philadelphia, however—a man of sound medical judgment, of enlarged experience, and of unquestionable abilities—thinks there is a "marked deficiency of the anterior portion" of the brain, that, "from the extraordinary position of the eyes, the space allowed to this part of the brain is greatly encroached upon." "In this case," he says again, "I do not find much development of the propensity to destroy." Now, the history of the poisoning, aside from phrenology, would seem to justify the opinion that she possessed the "propensity to destroy" in an eminent degree, whether that propensity was developed or not. Another wit-

ness, testifying from a physiological and phrenological examination, thought that she was a woman of "strong motives to act." If she had strong motives to the commission of these murders, the State failed to prove them. Indeed, the absence of any adequate motive was one argument relied upon by her counsel to establish her insanity. This witness also thought she had no "cunning," and very "little power to conceal." He made a difference, however, between "cunning" and "diplomacy," and between concealing and "withholding information." The inference was that diplomacy guided her in the purchase and administration of the arsenic, and the faculty of "withholding information" enabled her not only to conceal her own agency but also that of Mrs. Bazley. The latter was indicted jointly with Nancy for the murder of Mrs. Green, but was acquitted upon trial because Nancy refused, under oath as a witness, to answer any questions or furnish any testimony that would criminate her. She stated, subsequently, that she had been instructed by Mrs. Bazley not to implicate her, as it would only expose Nancy's own participation in the matter. She regretted, however, that she had by her silence and evasions exculpated Mrs. Bazley, as she (Mrs. Bazley) had promised to visit her (Nancy) at the jail, when she would be acquitted, which promise she failed to perform.

In my opinion, the deformity of Nancy is in her face, and here it exists in a very remarkable degree. Besides the formation of the features, the eye is unsteady, the look stupid, the whole expression dull, insipid, and almost void. There is a peculiar twitching of the muscles of the mouth and cheeks in conversation; and her laughter is accompanied or followed by grimaces. As the most faithful description of an individual will not enable a stranger to recognize him with infallible certainty, so any written description of Nancy will convey but an imperfect idea of her physiognomy. The association of the singular expression of countenance with the peculiar formation of features forms a picture which can be accurately impressed upon the mind only by observation. The picture is repugnant, but not revolting,—very remarkable in its characteristics, and yet exceedingly difficult of correct description. Either a feeble or an exaggerated outline could readily be drawn; but for a just appreciation it must be seen and studied. When first seen it presents the appearance of a low degree of imbecility, if not actual idiocy. And this impression is rather strengthened by the timidity and confusion with which she meets your first approach. And though it may be weakened by a lengthy conversation, it still returns, with more or less force, at the beginning of a subsequent interview. In all her interviews, except with intimate acquaintances, she exhibits an

embarrassment, not dissimilar to that manifested by children in the presence of strangers, or by timid persons generally in the presence of those superior to them in social position.

During the trial upon her insanity, Nancy maintained a silly expression of countenance, the utmost composure, and apparently the most perfect indifference to the proceedings. She sat playing with her fingers or biting her nails during the whole progress of the case, her attention being directed from the jury, the testimony, or the attorneys, on the least noise in any part of the court-room. And yet she noticed particularly all that was transpiring, and could subsequently converse with witnesses upon their statements, ask them for explanations of portions of their testimony, and point out what she considered the inaccuracies of the evidence.

To her disfigurement she was entirely reconciled, any allusion to it never annoying her. In dress she was said to be rather slovenly. She sought the company of children, to whom she was very kind, and seldom associated with persons of her own age. Her conversational powers were limited. She answered interrogations directly, but in short sentences, asked few questions, and seldom commenced a conversation. Such was the testimony upon the trial; but I have since found that it is true only in regard to strangers. On acquaintance, she commences and carries on conversations freely and with little, if any, embarrassment. Nor is she less inquisitive than most persons in her sphere of life. And whatever may have been her former habits, she is not now slovenly either in dress or in the performance of domestic duties. In fact, it was in evidence that she performed household duties with great care, cleanliness, and precision. She was susceptible of emotions, and easily influenced by others, becoming gay and lively, or serious and grave, according to the feelings manifested by the person engaged with her in conversation.

Her general character had always been that of a mild, kind, and affectionate girl—a careful, obedient, and faithful servant. During the poisoning of these five persons, a period of four months, her deportment furnished no grounds of suspicion; her disposition seemed to undergo no change; her manner excited attention only for its apparent fondness for those around her. To Mrs. Green she was apparently kind throughout. So attentive was she to this unsuspecting victim of a demoniacal conspiracy, that she won and retained her confidence to the last, and the sufferer finally expired in the arms—apparently in the affectionate embrace—of the insane or the malicious destroyer. To Mrs. Forest she betrayed no malice, except a slight, angry excitement for having to

do a part of her house-work over. Her conduct, other than this, was in accordance with her general character. During the sickness of the children, according to their father's testimony, "no mother could have shown more kindness (to them) than she did." Indeed, so very affectionate was she, that her attentions were frequently spoken of by the neighbors. For the death of Johnny she appeared very sorry; and on one occasion, while indulging her sorrow, a neighbor told her not to grieve, that she had done her duty towards the child. To this Mr. Forest gave his assent, saying, "Yes, she has done her duty." While James was ill she waited upon him with the greatest real or affected care and solicitude. She appeared, however, more excited when he died than when the others expired.

Of the non-medical witnesses whose testimony favored her insanity, one thought that she was of "a soft turn, and could easily be persuaded in any kind of way;" another did not "regard her as sensible as other girls;" another "always thought there was something lacking about her, she seemed so silly, soft;" another "never thought her quite sensible,"—that she had "a small touch of her mother's complaint;" another "never thought she was right," and had "heard her spoken of, years back, as a simple girl;" and another believed her "simple," and "used to ask her mother if she was wise." Besides the six witnesses referred to above, the jailor, who had charge of her for two years, considered her of "a weak and imbecile mind," but believed that she "knew it was wrong to take human life." The Judge of the Criminal Court of Hamilton County regarded her as "weak-minded, but not exactly an imbecile," and "thought she was not such a responsible being as to be a proper subject for punishment." Her attorney, from his frequent interviews with her since the poisoning, was fully convinced of her imbecility. He found her easily impressible by a superior will, and unable at any time to give an accurate history of herself, or furnish him with any information that would be of the least service to her on trial.

Of six medical witnesses whose testimony favored her insanity, three were reputable members of the regular profession, two were *eclectics*, and one a regularly educated physician, who has written a work in connection with an *eclectic*. The last, and one of the *eclectic* physicians testified from physiological and phrenological examinations. And each of these witnesses gave his evidence upon a single interview and conversation with the prisoner. Of the three regular physicians, one would not regard her "as low in the scale of imbecility if she escaped observation;" another thought "she was of a low grade of intellect," and that an "insane impulse" led her to the commission of the mur-

ders ; the third believed “she would not pass muster with half the inmates of lunatic asylums in France and England.” The two *eclectics* regarded her as an imbecile ; and the other physician thought she was “partially both imbecile and idiotic,” though he could only tell her impulses, disposition, &c., by the head, and not her insanity.

Eight non-medical witnesses who had been neighbors of Nancy, and who were acquainted with her before and during the period of the poisoning, did not believe her insane. Two of these had never entertained a doubt of her sanity ; a third testified that she had never been treated as an imbecile by the neighbors ; a fourth “always thought she had sense enough ;” a fifth “noticed nothing weak-minded ;” a sixth said she “appeared to have right sense ;” a seventh did not think her insane, though her personal appearance was against her ; the eighth first thought she was not of sound mind, but, after becoming acquainted with her, this impression was entirely removed. Besides these, the present jailor, who had been acquainted with her for two years, and had charge of her for two months, first thought her idiotic, but this opinion entirely changed on acquaintance with her. He testified that she “appeared as sensible as any person in the jail, and had a full knowledge of the responsibility of committing murder.”

Six regular physicians testified, in substance, that upon first sight their impression was that she was an imbecile or idiot, but that this impression had been removed on subsequent conversation and acquaintance. One thought her sane ; another had heard nothing in the testimony “that would lead him to think her insane ;” another did not think her intellect lower than most persons in her station ; another found that she possessed more intellect than at first appeared ; another first believed her idiotic, but subsequent observation satisfied him that she was not ; another regarded her, from appearance, as an imbecile, but was convinced afterwards, upon acquaintance, that though her intellect was of low grade, it would not come under that of imbecility,—that she had a full consciousness of right and wrong. Three of these physicians had been connected with the treatment of one or more of the victims ; one had made the *post mortem* examinations, and had several conversations with the prisoner ; one had visited her on two occasions, with the particular view of ascertaining her mental condition ; one had her under his daily observation for more than a year ; and all had infinitely better opportunities for ascertaining her intellectual development and mental soundness than the physicians who testified in favor of her insanity.

The jury deliberated eighteen hours, and returned a verdict finding “Nancy Farrer to be of unsound mind.”

There is one remarkable fact in the testimony relating to her sanity or insanity. The first impression was the same in most of the witnesses. Almost without exception, every witness had formed an opinion, on the first interview with Nancy, that she was an imbecile or an idiot. But most of the witnesses who subsequently cultivated an acquaintance, or continued their interviews with her, had been forced to change this opinion.

To the medical jurist, this case certainly presents some points of interest. If Nancy Farrer is of "unsound mind," to what class of mental unsoundness does she belong? Is she an idiot, an imbecile, a monomaniac, or a maniac? Was she laboring under moral insanity, as described in the books, or was she the subject of homicidal monomania? If she is unquestionably and incurably insane, the verdict is not only just, but also affords protection to society, as her future home must then be a lunatic asylum. But if she is not insane, the community has much at stake. A verdict of insanity does not necessarily imply imprisonment for life. Under our laws, she may at any time be discharged upon the certificate of the attending physician that she has recovered the use of her reason, or that it is no longer necessary to confine her. And even without such certificate she may be set at liberty under a writ of *habeas corpus*, unless it be proven that she is still of unsound mind at the time of the application. Under the verdict, then, she may yet be released from the imprisonment of an asylum, and reinstated as a member of society. If her acts were the result of insanity, no injurious effects would probably follow this, as in that case she would have recovered. But if they were not insane acts, the lives of innocent individuals might again be jeopardized. Society, then, has a deep interest in the justice or injustice of the verdict.

There is certainly much in favor of her insanity. Her parentage, her personal appearance, her low degree of intellect, her education, her moral culture, her naturally amiable disposition, her previous good character, and some of the circumstances attending the poisoning, all tend, in some measure, to point to a mind so low in the scale of intelligence as to approximate to, if not to actually establish irresponsibility. But, on the other hand, there is a shrewdness and cunning in the execution of her designs, and the concealment of her agency, that are difficult to reconcile with an insane, and particularly with an imbecile mind.

Although there was a motive for the murder of Mrs. Green, there was none shown for that of the others. Yet it is possible that a motive, even stronger than the other, might have existed, although it has not come to light. In cases of homicide from insanity, there is generally a motive, though often a weak, and sometimes even an imaginary one.

Her uniform kindness and attention to the victims would appear to contradict the idea of malice. Yet such conduct would not be inconsistent with a sane mind. Might not a person of sound mind, who, from secret motive, had deliberately planned a series of murders upon persons against whom he had no individual ill will, continue, if not increase the appearance of kindness, to escape suspicion? On the other hand, do not the insane, susceptible of emotions as Nancy was, generally manifest a degree of hatred proportionate to the violence of the assault, however much they may have previously loved the victim? Do they, while perpetrating murder, exhibit their previous friendship, or does that friendship assume the form of enmity? If they enter upon the horrid crime of murder in such a manner as to require considerable time to elapse between the beginning and end of the tragedy, would they not exhibit some variation from their usual kindness, unless they had sufficient consciousness to continue it for the purpose of concealment? Nancy's kindness was so remarkable as to attract the attention of the neighbors. This might happen in the case of a sane but wicked mind, whose depravity might lead one to the murder of harmless and innocent little children.

Her frequent conversations and her prediction of the death of others would not be indicative of strong intellect. Very little reason would have revealed the folly and danger of such a course. And yet, how few there are who can conceal within their own bosoms so great a secret? It would almost seem to be a decree of Heaven that the horrid crime of murder should be exposed, and often by the very means resorted to for its concealment. Some of the shrewdest and most intelligent assassins, whose awful secret was confined to their own breasts and to their God, have not been able to conceal their guilt from human tribunals, and have been the unconscious instruments of their own exposure and condemnation. Blood, as pictured in Scottish tragedy by the great dramatic bard, will haunt the murderer, and even in the dead stillness of midnight, when nature is in repose, trumpet to the world by the very lips of the sleeping assassin the charge of guilt. It will be recollected that, before the first of these conversations was held, one innocent woman had received her death at Nancy's hands, and another had partaken of a dose of the fatal drug. In this first conversation she did not positively threaten; she "*thought* she would fix her," but concealed the fact that she had already entered upon the execution of her fearful design. To throw out absolute threats might betray her, but to conceal the nature of the act already commenced, and simply drop an unguarded word upon the subject most prominent in her mind, was no more than often happens with the most hardened criminals and the

strongest minds. In two other conversations which occurred before Mrs. Forest's death, she compared the sickness of the patient to that of Mrs. Green. There was no insanity in this. Mrs. Green had survived the first dose of arsenic two months, had received the attendance of two physicians and the consulting advice of a third, and had gone to her grave without the least suspicion of Nancy's agency in her death. Could she now impress the friends of Mrs. Forest with the belief that her disease was the same as that of Mrs. Green, she might await the result without any uneasiness of her own safety. Before her next conversation Mrs. Forest and her youngest child were added to the list of her victims. While making the shroud for the latter, she and the former servant girl had the first conversation about the deaths. She might, not unreasonably, now think herself secure. At least three persons had died through her instrumentality, and, so far as she knew, no suspicion of her guilt was harbored in the mind of any one.

It is certainly difficult to reconcile the subsequent conversations, in which she predicted the death of the remaining members of the Forest family, with sound intellect. They were not commenced by her, and the allusion to the deaths of those whom she had nursed, by others, might well have induced her to ponder upon her danger and halt in her career of destruction, had she possessed the most ordinary degree of intelligence. But it did not. She had formed a dreadful plot; a part had been executed, but still a portion remained unfinished. And with a blindness no less common among persons steeped in crime and hardened in vice than among monomaniacs bent upon a certain object, she determined to complete her work. In one of these conversations she predicted the death of James only, without giving any reasons; in the other, she not only predicted the death of the whole family, but stated the order in which they would die, and named consumption as the disease which would carry them to their graves. To attribute the predicted death of the children to a hereditary disease, by one who would overlook the manner in which phthisis terminates life, might not be inconsistent with sanity. That a person should even think this disease could be communicated by the wife to the husband, would not establish unsoundness of mind. I have met with persons who were fully convinced that they had contracted consumption from their partners in life, and have been consulted by others as to the probability of such an event. Whether the reason assigned for the fulfillment of her prophecy was such as might have been given by a sane person or not, it was undoubtedly evidence of a fixed determination on her part to conceal her own agency in the tragedy. These predictions are certainly the strongest evidences of insanity in the whole history of the

case ; and unless they might reasonably be expected to proceed, unconsciously, from a mind intensely absorbed in the contemplation of an intricate and horrid plot, they would go far to justify the verdict of the jury.

That she should make a pair of drawers and have a shirt washed before the death of James, to “lay out” the body in, is not surprising, when she knew the neighbors considered him dying of the same disease that carried off his mother and brother. Neither was it wonderful that she should grieve after their death. Remorse often rises and smites the guilty in the midst of crime, although it may not arrest the progress of their wickedness. The remark that the consulting physician in Mrs. Green’s case was the best to have in that of James, betrayed no weakness of mind, in my opinion, as she had remained as free from suspicion after his visit as before. And the scene at the fireside, after she had been detected, might well have been presented by one accused of her fearful deeds, and who was so overpowered at the exposure as to be at a loss how to escape the difficulty in which she found herself.

Through the progress of the poisoning there is consciousness, design, cunning, concealment. The purchase of the arsenic under false pretences, and the subsequent denial of any knowledge of such an agent ; the care observed in preventing the use of the poisoned articles by others than those for whom they were designed ; the comparing of Mrs. Forest’s sickness with that which in the case of Mrs. Green had excited no suspicion ; her contradictory statements, when interrogated by different parties, as to the cause and nature of the disease in some of the sufferers ; the apparent attempt to reconcile the symptoms of some of the patients with natural causes ; the studious concealment of her agency in all the conversations, except the secret one with Mrs. Bazley, and the careless one with the former servant girl ; the excitement and anxiety manifested after the discovery of arsenic in the stomachs of the diseased, and her suspected participation in their deaths ; the refusal, at the trial of Mrs. Bazley, to furnish any evidence that would implicate her in the murder of Mrs. Green, are indicative of a degree of intelligence that argues deliberation, determination, care, circumspection, consciousness of danger and knowledge of wrong. But does the manifestation of these qualities contradict the verdict of insanity ? The future development of undoubted insanity would throw little more light upon her case, as she is probably predisposed to the disease, and such an event might not unreasonably be expected. Is she now, or was she at the time these harmless women and children were sent to untimely graves, insane ? To determine this, an acquaintance with Nancy, a knowledge of her history and life, are all that is neces-

sary. With this acquaintance and knowledge, as furnished upon the trial, was Nancy Farrer, at the time of committing this outrage upon human life, an imbecile or a monomaniac? Was she laboring under moral mania or homicidal insanity? To what particular form, if any, of mental infirmity or disease did her case belong?

Note.—Since the above was written, Nancy Farrer has been under the care and daily observation of the writer for eight months. During that time she has been remarkable for cheerfulness, amiability, neatness and industry. She has proved herself cleanly in her person and habits; attentive to all her duties; faithful to every trust reposed in her; respectful to those under whose charge she has been placed; sympathizing in her feelings toward her unfortunate associates; obliging and kind, yet firm and resolute, to those she has been required to watch over. Blended with these traits in her character, appear to be those of sincerity, candor, frankness, and truth. She is grateful for kindness toward her; sensitive, with judgment to control her emotions; affectionate, without that familiarity and obtrusiveness that often characterize a weak mind. How, or in what manner, a life in society under other circumstances and other influences would affect these traits in her character, can only be a matter of conjecture. She has evidently desired the respect of those around her, and designedly studied to deserve it.

During the eight months she has been under the writer's observation, the closest scrutiny has been unable to detect the least evidence of mental weakness,—of intellectual or moral impairment. So far from being simple or imbecile, she has displayed an intelligence above the mediocrity of uneducated girls. Her mind has certainly been sound during that period; and yet it is difficult to reconcile the poisoning of so many innocent and harmless persons with her amiable, kind-hearted, and affectionate disposition, without supposing the presence, at the time, of an irrational motive or insane impulse. That she *now* has a full knowledge of the heinousness of murder, and a proper consciousness of the punishment due it, both in this life and the next, with the intellectual power of controlling all her actions, the writer cannot entertain a doubt.—*Western Lancet.*

ARTICLE III.

INSANITY IN RELATION TO CRIMES.*

The legal relations of crime and disease continue to engage the earnest attention of men distinguished in jurisprudence and medicine. The common law of England, which, on this subject, is elementally the law of most of the States of our Union, has been gradually attuned, by the influence of advancing science, and by a readier deference to the judgment of experts, to a more genial conformity with the requirements of ripening civilization. What the common law lacks, from apparent want of plasticity, to meet the actual or presumed necessities of the subject, is in a measure supplied by statutory provisions, by the decisions of judges warping the law to particular cases, or by, what is practically more efficacious, the verdicts of juries.

Still, it is a grave question both in England and in this country, whether the existing state of the law respecting mental unsoundness in connection with acts ordinarily criminal, is as satisfactory as an enlightened and discriminative legislation can make it. As an expressive evidence of the interest manifested in this matter abroad, it may be observed, that the essay of Dr. Bucknill, the title of which we have given as partly suggestive of this article, is the offspring of a prize instituted by no less a personage than a late Lord High Chancellor of England (formerly eminent as Sir Edward Sugden), for the best essay on "Insanity, its Responsibility and its Negation, and the Relation between the two."

These topics are treated by the essayist with boldness, and, so far as regards the legal relations of insanity, in a conservative spirit that must almost satisfy a lawyer; which is saying a good deal, when we bear in mind the alleged tendency of the medical profession to refine away the

* 1. "Unsoundness of Mind in Relation to Criminal Acts;" an Essay, to which the first Sugden Prize was this year awarded by the King and Queen's College of Physicians in Ireland; by John Charles Bucknill, M. D., London, &c., &c., and Physician to the Devon County Lunatic Asylum. London, Samuel Highly, 32 Fleet Street. 1854.

2. "A Treatise on Medical Jurisprudence," by Francis Wharton and Moreton Stillé, M. D. Philadelphia: Kay & Brother. 1855.

legal principles which have so long been maintained, with more or less strictness, as the standard of the relations between crime and disease.

The "Treatise on Medical Jurisprudence," by Mr. Wharton and Dr. Stillé, is a work of no ordinary merit, particularly in those parts devoted to the discussion of the purely legal relations of insanity. It is not more meritorious for the research and comprehensiveness which it displays, than for its order and arrangement, and the excellence of its analytical table. Its singular feature is the association of a jurisperit and a physician to produce a work designed to be of equal authority to two professions which are not apt to concur in their opinions on mixed questions, for reasons which we shall presently suggest.

Law, being a *general* rule of action, is, of necessity, not plastic enough to be moulded to all possible circumstances and conditions. In this respect it falls short of equity jurisprudence; which, in its turn, however, does not reach questions of felony or other high crimes. Neither does law profess to be ethical, but leaves ethics to conscience and to God. It cuts a rigorous, inflexible, and sharp line, on either side of which the points most adjacent, although sundered, are so contiguous as to be often confounded. In truth, it sometimes, from its spirit of generalization, severs justice and right in the very middle. As Dr. Bucknill expresses it, "It is a Rubicon, on one side of which Cæsar is a servant of the state; on the other, a traitor and a rebel." Some venerable legal maxims betray this characteristic with great force. Thus, "Ignorance of the law excuses no man;" yet much of the knowledge of it is professional, and demands the devotion of a lifetime; and therefore it would seem that some degrees of ignorance should be excusable. So, "If one knows the difference between right and wrong, he is responsible for the wrong;" yet, with all his *knowledge*, he may physically or mentally lack the *power* of shunning the wrong or doing the right; and therefore to the eye of God appear inculpable, although no human eye can detect the weakness which is his real apology, and is morally his defence.

In a rough way, however, and for the common purposes of civil government, such comprehensive and absolute maxims are true and useful. They cover the great mass of realities submitted to human arbitrament, although they fail of precise adaptability to possible, and even frequent, chances. At the best, mankind can be governed and restrained only in a rough way, by any human codes; as they can be treated for diseases only in a rough way by medicinal skill. Yet time, experience, and circumstances, have effected substantial modifications in various branches of the law, as well as of medical practice; and,

doubtless, other branches of both will undergo similar modifications, as exigencies demand. Lord Mansfield was a great judge; and his greatness consisted mainly in the bold perspicacity that enabled him to adapt the common law to the altered circumstances of society, without impairing its foundations, or the force of its legitimate precedents. Under his decisions, commercial law, for instance, assumed a practical applicability to the new demands of commerce and trade, by a simple expansion and development of established principles, without any violent deflection from their true spirit and intent. An enlightened and bold mind will educe from the common law a conformity to the shifting phases of life and business, which a narrow and weak one will never discover or apply. Its great merit is that every well-established principle and fact of science and art becomes a part of it, as much as Christianity and the almanac, which have been decided to be so.

The criminal law of England always owed much of its severity, as well as of its confusion of offences and penalties, to parliamentary acts. Generally, the real spirit of the common law was less harsh and more uniform. The statutes made capital crimes out of many acts comparatively trivial, and visited them with punishments as severe as any inflicted by the common law of the land on the most flagrant violations of human rights. Thus, minor offences, of the grade of misdemeanors by the common law, were magnified by the statutes into grave felonies that involved transportation for life, or hanging, as their penalty. A forgery became as heinous as a murder; a violation of property, as a violation of the person or the life. No worse punishment could be inflicted on the most reckless homicide than was the doom of Dr. Dodd for counterfeiting the signature of Lord Chesterfield to a bond; "a crime," according to Dr. Johnson, which, "morally or religiously considered, has no very deep dye of turpitude. It corrupted no man's principles; it attacked no man's life. It involved only a temporary and reparable injury." And yet it incurred, by the statutes, the penalty reserved by the common law for the most deliberate and cruel murder.

Of lunatics and idiots the common law of England was always considerate. It discriminated, according to its lights, respecting the *responsibility* of alleged criminals for their acts; and although, in compliance with its imperturbable maxim, it "allowed ignorance of the law to excuse no man," it did excuse every man who wanted the knowledge of right and wrong, by reason of congenital defects, or of disease, impairing his faculties. Common-law principles were humane in their spirit, but they were not always well defined; and they were sometimes, as they are still, misapplied or perverted. It is a part of the purpose of Dr. Bucknill's essay to show that, even at this day, the English courts

are clouded by obscure and conflicting definitions of the law regarding insanity, as laid down by the highest authorities; and to suggest modifications of it with respect to forms of proceeding, to judicial discretion, and to the modes of restraint and correction.

"Stand on decisions," is the maxim of the judge, which implies a tendency to generalize, and reduce cases to a common standard: "Test each case by its symptoms," is the maxim of the physician, which implies a tendency to individualize, and decide every case on its own peculiarities. That such diverse tendencies should produce a clashing between the professions is not singular; and when the doctors of law and the doctors of medicine criticise each other's definitions, judgments, and conclusions, on points involving the particular skill and knowledge of each, the difference in their intellectual training and their professional bent should always be allowed for.

Besides, what the law *is*, and what the law *ought to be*, are obviously very different questions; the one, peculiarly within the province of legal experts, and the other, an open question for experts and inexperts of all professions.

Much of the difficulty in applying and modifying legal principles to cases of alleged crime, when unsoundness of mind is pleaded, arises from the obstinate fact that human laws can only take cognizance of acts, and of motives as developed by acts: they cannot rise to the subtleties of ethics or casuistry. But the Divine law takes cognizance of *motives* as well as of acts, and judges with equal severity of both. Whether, in human judgment, a man deserves reward or punishment, is always a mixed question: it respects both the intent and the deed. A human tribunal, on account of its infirmity, can no further judge of the intent than by inference from the deed, and from other external circumstances that illustrate the intent. The Divine tribunal, on the other hand, needs no overt act to betray a purpose: the purpose itself is no sooner conceived than it is known to the Omniscient eye. Hence, Divine justice can never be reproached with error; while error is the constant reproach of human tribunals. To quote Dr. Bucknill, "They do the best they can with imperfect knowledge, and look to *general good results*, rather than to an *unattainable exactness*."

Legally, lunacy, and unsoundness of mind, are equivalent or convertible terms. Unsoundness (insanity) is a term that covers every phase of mental infirmity, caused by disease, from a flaw to a perfect wreck. In the criminal aspect, lunacy is not simply what it was once, and is even now popularly regarded to be—madness, fury, violence—whether continual or interrupted by lucid intervals or remissions: it is *every defect* of the mental faculties produced by *disease*. Idiocy is wholly

irresponsible in this country as well as in England ; but unsoundness of mind, under the constructions of *our* courts, is not a *complete* shield. It covers only the acts committed under the particular shadow of the mind ; while all committed within the circle of its light are regarded as more or less culpable.

Sanity, however, is always legally presumed : it is the normal state of the mind ; and insanity must be proved as a state of *disease*, or the *result of it*. Moral insanity, as commonly understood and defined, does not fall within the precedents of the common law, and is not provided for by statute, unless it be under the general term, "insanity." It may be as palpable to the eye of Omniscience, and, possibly, to the scrutiny of an expert (*expers expertissimus*, he must be), as many forms of physical disease ; but to legal tribunals it is shadowy and intangible : its very name of "moral insanity" seems to deprive it of legal recognition as a disease within the compass of exact definition and discrimination ; and it is even doubtful whether it be a *disease* ; and, therefore, if tolerated as a plea of irresponsibility, it would, like charity, cover the *multitude* of sins. Almost any man may satisfy his mind, if not his conscience,—a sane man, perhaps, the most readily,—that he has been surprised into a crime by some strange and irresistible impulse, some demoniacal instigation, some fatal propensity, or some unaccountable frenzy, that he could not master for its suddenness and its force. Such casualties may be, and doubtless are ; but God only can judge of them. Human laws cannot : their nicest refinements are too gross for such subtleties. Besides, much of moral insanity, in the popular understanding of the term, is the want of discipline, and of habitual self-control ; and nature, uneducated and unchecked, is, or very soon becomes, the spirit of Cain—a *propensity* to something wrong,—to theft, to perjury, to homicide. If such impulses, instigations, propensities, or frenzies are permitted to shield offence against punishment, St. Giles's and the Five Points might surfeit the criminal courts with pleas of that character, the result, not of *disease*, but of *habit* not absolutely uncontrollable—of such defective discipline, and of such voluntary indulgence in vicious courses, as have deadened the moral sense, and confounded the appreciation, without obliterating the knowledge, of right and wrong, much less the power of choosing between them.

Here the lawyer and the physician come to a controversy, chiefly in consequence of the different tests which they are severally trained to apply. To those who are indifferent between the two, it may seem that the courts might as well be expected to hear and determine cases of casuistry, on the testimony of expert divines, as cases of moral insanity, on the testimony of medical experts. Both are worthy of

competent tribunals, and both have ultimately the same most competent tribunal; and, happily for human infirmities, *God* is its *Judge*.

Insanity, in the contemplation of the law, is a *disease of the brain*; at all events, a *disease*: and this fact of *disease*, or the *result of disease*, is the *legal* touchstone of its validity as a defence against allegations of crime. None other can be safely or wisely allowed. Unless moral insanity, so called, can be satisfactorily proved to be a *disease*, or the *result of disease*, it is no legal shield against punishment, no mark of irresponsibility. As a mere plea, founded on subtleties, whether legal, medical, or psychological, and unsustained by proof of actual disease, it is not regarded by the law as of any moment whatever.

It is not to be disguised that, for some cause, *insanity* and *alibis* are the favorite defences in most cases of crime involving severity of punishment. Of the two, insanity is nowadays the more common. The *alibi* is somewhat musty and tattered, and only resorted to when either the actual truth, or determined perjury, will sustain it. Insanity (which may be regarded as an *alibi* of the mind) is treated, from humane motives, and most justly, with great consideration; and it is worth a reflection whether the presumed disposition of medical experts to spread its charitable mantle over idiocrasies, peculiarities, and defects which do not, in any ordinary legal sense, constitute lunacy, is not likely, in the long run, wholly to disarm the unfortunate of their panoply, or at least to make it so penetrable to the shafts of ridicule as to be an uncertain defence.

Taking the common and the statute law, the often conflicting constructions put upon them by the courts, and the opinions of medical experts, together, there seems to be such a discordance and uncertainty as naturally to suggest the necessity of some legislative attempt to place the whole subject on a better footing. The man who, possessing a conservative spirit, and a mind reflecting truly the light both of law, of medicine, and of psychology, would frame a suitable code to define and establish the legal relations between unsoundness of mind and those acts, otherwise criminal, which spring from it, would not only be no common benefactor, but he would be much more than a common man. He should obviously be either expert himself, or in a position to command the expertness of others, both in law and medicine; and he should be free of the partisan taint of either profession. He would probably be forced to concede that *moral insanity*, until satisfactorily established as a disease, is too shadowy and undefinable to be dealt with by human legislation, and by the ordinary tribunals, in regard to its criminal aspects; and "that its nature," in Dr. Bucknill's phrase, "is not thoroughly understood;" often difficult to distinguish (where it

really differs) from mere perversion of the mind and affections caused by circumstances and habits that do not entitle it to complete exemption from legal responsibility. He would reflect, also, that society claims protection, as well as its imbecile and unsound members, and often against them; and that the criminal code, as the chief part of its protection, should not be effeminated by a too diluted humanity or by too nice refinements. It must practically adjudicate particular cases by general rules, predicated upon the usual and ordinary modes and motives of human action; while to judge specially of each case by its peculiar symptoms and circumstances pertains to medicine, as respects bodily and mental disease, and to casuistry, as respects conscience. Yet medicine has its rough and general ways as well as law; for, according to Dr. Bucknill, "the drug and the dose are suited to the requirements of the patient [only] *as closely as medical knowledge can ascertain*; it is probable, however, that *too much or too little* is constantly given." In effect, then, the law seems to have this advantage; that if the dose prescribed by the *legal* dispensatory is too powerful for the disease, the humanity of juries, predominating over the strictness of their oaths, shapes the verdict so that the dose shall either not be administered at all, or shall be administered with suitable modifications. This is particularly the case with capital crimes.*

But, whatever refinements and adaptations the law may need or be capable of, it is certain that its true *intent* is the common intent of humanity—to allow to unsoundness of mind a perfect exemption from responsibility for all acts which fall within the shadow of that unsoundness, or are the natural offspring of it. The duty of the courts is to fulfill that intent; to confine juries to it; and, within the limits of their power and discretion, so to construe the law as that its humane purpose shall be effective. In the last particular they are, perhaps, somewhat straitened by precedents and judicial constructions, as well as by the obscurity of the subject. Such is Dr. Bucknill's opinion respecting the English tribunals, and such is probably the fact as to ours. The obvious benignity of our statutes, as well as of the common law, is somewhat chilled by glosses and constructions imbued with the spirit of the maxim "*stare decisis*," of reverence for the antique and perverted expositions of the English law, and of jealousy respecting legislative interference with judicially established principles.

* In the State of New York, the statute defining *murder* places in the same category, as regards punishment, a homicide committed with the most *casual* (not to say merely *constructive*) premeditation, and a *deliberate, cold-blooded* murder, the supplement or auxiliary, perhaps, to some seduction or robbery. An additional clause might be framed to distinguish between *such* cases, and smooth the way of duty to juries.

By the statutes of New York, a "*state of insanity*" exempts from punishment. The phrase seems to cover *any* unsoundness of mind, whether the particular act done has any connection with that particular unsoundness or not. It has been decided, however, by high legal authority, that the statutory phrase is not to be construed so broadly; but that the act of alleged criminality must be the distinct offspring of that unsoundness. Thus, if a monomaniac, insane as to the matter of theft only, should commit a homicide, unaccompanied by theft, or unconnected with such a design, his *unsoundness* would be no defence as to the homicide. The decision may be morally right, but it is questionable, perhaps, whether it conforms to the real intent of the statutes.

The exercise of any discretion, in criminal cases, for the tempering of justice to society with mercy to the accused, is legally confided to the executive authority, and not to the tribunals; subject to the practical qualification, that juries (as before intimated) sometimes leave no room for the exercise of any discretion but their own, by finding a verdict that absolves the accused. A humane jury will, in cases appealing to their sympathy, and showing what in France are called, "extenuating circumstances," seize upon the most trifling evidence of insanity to justify a verdict in consonance with their sense of humanity, rather than with the rigidity of the law. Juries are usually above law, when law itself is not flexible enough to conform to the dictates of a reasonable sympathy; and then it is that their *legal* conscience surrenders to the dictates of their *moral* conscience, confident that the common suffrages of the humane will applaud their decision.

In an ethical view, responsibility may be perfect or imperfect. But its comparative imperfection cannot be exactly graduated by legal standards, although it may be approximately so, and perhaps as nearly so as legal standards can graduate anything. They may measure tons, or yards, or pounds, or inches, with sufficient accuracy for ordinary practical use; but they must, from their necessary generality, fail in the nicer and fractional degrees of weight and measure. They have no vernier scale or assay balance. "*De minimis non curat lex*" is a maxim highly expressive of the inadaptability of the law to the refinements of ethics, and even of equity. Both ethically and legally, a totally unclouded mind is sane, and therefore perfectly responsible. Ethically, a mind in shadow is imperfectly responsible, according to the extent of its eclipse. To define the perfect shadow of the eclipse is the problem which puzzles psychology and medicine, and much more the law. We do not expect the same heat from the sun, nor the same light from the moon, when obscured by intervening spheres, that we do when they show their uninterrupted splendor; but the one still gives

heat, and the other light, appreciable, if not accurately measurable. So a man, whose mind is not wholly sound, may not be *wholly* guilty of a crime; but he may be guilty according to the extent of his capacity or derangement. The conditions of mental disease, on Dr. Bucknill's authority, must be allowed to modify responsibility *quantum valeant*. The *quantum valeant* is the stumbling-block to courts and juries, respecting which, however, they might make a much closer estimate than that of the English law; which seems to hold that *any* unsoundness of mind is legally equivalent to *total* unsoundness, and that a man who is not wholly responsible is therefore wholly irresponsible. An idiot knows nothing, or so little that it is counted as nothing; an insane person is not an idiot, but usually has faculties and perceptions of truth, more or less perfect, and, within their limited range, capable of control or restraint; and, unless furiously mad, he may, therefore, be held to a modified responsibility, and be a fit subject for a modified sort of correction; just as a child is, according to the degree of his intelligence and the development of his faculties. No one would assume that, because these are still immature and imperfect, they should be indulged with entire exemption from responsibility, although they do enjoy a degree of exemption proportioned to their ripeness and expansion. If restraint and punishment were spared to childhood, and reserved for years of maturity, what is bad in human nature would so overwhelm what is good, that nine cases in ten of adulthood might claim at the hands of criminal justice the immunity demanded for *moral insanity*; to which, indeed, they would be next of kin, if not the very thing itself.

Unsoundness of mind assumes such various phases, and springs from such various causes (some of them habitual vices), that certain modes of correction and restraint, less severe than the discipline of prisons, and more rigid than that of asylums, might, perhaps, be wisely applied in cases of criminal propensity. In partial insanity, a well-directed and thorough treatment of the sound faculties *might* overpower, subjugate, or at least balance, the unsound; for we know that a studious self-control enables many men to withstand and overcome propensities that seem irresistible, and even to contend against insanity itself. When *self-control* fails, the control of others is often a successful substitute. But such control, not being self-applied or inflicted, is *restraint*; in a modified way, it is *correction*; and correction is a milder term for punishment. Regarded as *restraint*, the welfare of society demands it; regarded as *correction*, the welfare of both society and the subject of the correction may justify it.

Medical experts differ, however, very widely on this point. 'It is maintained by some, that *any* degree of mental unsoundness should protect its victim from all forms of punishment, however graduated; and by others, that many manifestations of insanity are so dubious, faint, and obscure as to warrant the application of cautious punitive measures as correctives. A tender sympathy with human infirmity revolts at the idea of adding to the afflictions of the insane, in any mode, whether of restraint or correction; while a broad, and even a genial, humanity may venture to concede that correction, as well as restraint, though painful, may be serviceable.

However this may be, one thing is certain—that if the State undertake to make provision for idiots, lunatics and criminals, it should see that such provision is really adapted to its several purposes. Jails and prisons are mainly places of *punishment*; asylums, poor-houses, and hospitals are mainly places of *cure*, or of *charitable support*. Lunatics of criminal propensities, and who, but for their lunacy, would be convicted of crime, are fit subjects for neither of these, whether on their own account, or on account of those who must be their associates. An institution where due restraint, healthful labor, suitable correction, and professional care, may all be applied with discriminative reference to the case of each inmate, seems to be an obvious necessity, in all civilized states, in order to complete the circle of public charities. To enforce labor and inflict punishment on such whose case we are considering, as in a common prison, were inhuman: to allow them, indiscriminately, the optional freedom from both, which an ordinary asylum permits, might be, to many, an unwise indulgence, and dangerous to all.

We are therefore disposed to urge somewhat zealously, as both Dr. Bucknill and Mr. Wharton do, the establishment of a separate institution for the confinement and special use of that class of lunatics who are alleged felons, and are either not tried, or not convicted, or not adjudged to the usual punishment, on account of insanity, or who are lunatics of criminal disposition; but who require a rigid isolation, and strict restraint of personal liberty, for the safety of society; and some of whom are presumably the proper subjects of corrective as well as of curative measures. Such an institution should obviously be under the principal charge of an expert in insanity. If not as agreeable, it would certainly be as honorable and as useful a charge as the superintendency of an ordinary hospital or asylum. The principal should ostensibly be its medical adviser only, seeking the restoration to sanity of those committed to his keeping. The restraints and discipline demanded for the government and reform of the inmates should be administered by subordinates under his control and direction; and such provisions might

be made as that those who are discovered, on some authorized investigation, to be really sane, but who have been judicially exempted from conviction and punishment, by erroneous or partisan verdicts of insanity at the time of committing the offence charged on them, should receive such severity of treatment as would not only conduce to their amendment, but atone for the fraud or error which saved them from the deserved judgment of the criminal law. That they cannot be exposed to a second trial for the offence of which they ought to have been convicted, is a good reason why the community should have the advantage which their false plea of insanity happens to give, and the protection of the restraint which it justifies. Simulated insanity cannot claim more favor than sanity; and when it is fairly caught, it should not complain of being roughly used.

The general supervision of our public charities is confided chiefly to legislative committees, or to officers of state, whose oversight is very indirect and formal. The multiplication of foundations for the support and care of idiots and lunatics demands a more efficient and careful supervision than this. There should be a permanent commission of lunacy and idiocy, composed of experts in medicine and law, the efficiency and experience of which should be secured by some order of rotation or re-appointment, so that there should be always in service a suitable number of well-qualified men. One purpose of such a commission should be to make a periodical, personal inspection of all jails, prisons, poor-houses, hospitals and asylums, and to report upon their condition and management; another purpose, to select from them such of the inmates as would be suitable subjects for the proposed institution for lunatics of criminal disposition, in case it should be founded. Such a commission, too, might be a useful auxiliary to the courts; for the members of it being experts, might be called upon either as *amici curiæ*, or as witnesses, to aid the determination of judges and juries, in questions of insanity. Whether experts should ever be witnesses, or only *amici curiæ*, or referees, is a question which at present we cannot investigate, although the whole subject of expertness (in its legal bearing) is interesting enough and important enough for a full discussion. In France, they are selected to take testimony and report to the tribunals, but are not examined as witnesses; and Dr. Bucknill suggests that they should be referred to by the criminal courts of England, as the Masters of the Trinity Company are referred to by the Admiralty Courts, namely, as *amici curiæ*, and not as witnesses. But for the purpose of supervision alone, such a commission as we have suggested would be of sufficient value, if its objects were duly fulfilled, to justify its appointment and its expense.

The conclusions we reach are, that there is much in alleged, and probably in real, unsoundness of mind that is not yet recognizable by the criminal courts, and which is beyond their legitimate capacity to deal with satisfactorily to themselves, to the accused, or to the community; that a separate foundation should be established for the confinement, correction, and cure of those who escape trial or conviction for crimes, whether on false or on well-proved pleas of insanity; or who are of criminal propensities; and who for either of these causes are, or ought to be, the legal subjects of personal restraint; and that a commission of lunacy and idiocy should be appointed, under suitable legal sanctions and responsibilities, for the purposes we have designated. Until these things be done, no reasonable approximation to a complete provision for the real necessities of society and its insane members, on a subject most important to the welfare of both, is to be expected.

ARTICLE IV.

MEMOIR OF WILLIAM TUKE, THE FOUNDER OF THE RETREAT AT YORK, ENGLAND.

EDS. JOURNAL: Forbes Winslow's *Journal of Psychological Medicine*, in its issue for October, 1855, contains a memoir of William Tuke, the founder of the Retreat at York, England, prepared from materials furnished by his great-grandson, Dr. Daniel H. Tuke. I herewith forward to you an abstract of this memoir, sufficiently full to furnish the means for an accurate estimate of the character of its subject, as well as of his labors in the establishment of that institution for the insane, with the origin and early progress of which his name is inseparably connected.

With regard to the merits of Tuke and Pinel, as the pioneers, each in his native country, in the great work of the melioration of the condition of the insane, it is now very fully demonstrated that the *idea was original* with each of these, and that for some time they were actively pursuing their object, each uninformed of the action of the other. It is no new thing for inventions, discoveries, and innovations upon traditional practices to originate, almost simultaneously, in more than one place—showing that they are called for by the times, that they are developments of science and of humanity, necessary evolutions of the

human mind in its progress towards the unattainable perfect, rather than what may be termed the gigantic, or monstrous production of one intellectual genius. Benjamin West made a *camera obscura* before he had heard of its invention elsewhere. Guttenburg was not the only claimant of the invention of the art of printing. Adams disputed with Leverrier, the merit of the discovery of the planet Neptune. For ourselves, the balance between Pinel and Tuke is equally poised. Each perceived the wretchedness, the misery, the sufferings of the insane around him. Each was moved to compassion. Each resolved to effect a reform in their treatment. Each succeeded. This recognition of services to humanity is due to each. To each we freely accord it. May their successors in the same sphere emulate their noble example.

P. E.

“William Tuke was born at York, in the year 1732. His ancestors had resided for many generations in that city, and were descended, in all probability, from a family long settled in the south of Yorkshire, and the adjacent county of Nottingham.

“The York branch early suffered for Nonconformity; the great-grandfather of the subject of the present sketch having advocated the doctrines of the Society of Friends soon after its rise, and submitted to imprisonment and the loss of property on account of his religious opinions.”

When a boy, William Tuke fell from a tree, fractured his skull, and was subjected to the operation of trephining. His school education embraced the Latin language. “He married at the age of twenty, and had, by his first wife, five children, the eldest of whom, Henry, co-operated with him in the establishment of the Retreat. By his second wife, whom he married in 1765, he had three children.”

During the greater part of his life he was engaged in mercantile pursuits, but was able to devote a large share of his time to objects of a public and philanthropic character. He is thus described in an obituary published in the public papers of the period: “There will scarcely be found an instance of any useful or benevolent undertaking, within the proper scope of his exertions, which did not partake of his support, not merely in a pecuniary way, if that were needed, but (which is more important) in personal attention. We admire, in many excellent characters, an ardor, amounting to enthusiasm, which attaches them almost exclusively to some one favorite object; but William Tuke was a philanthropist-of-all-work. Liberal of his time and labor, wherever these could be brought into use, exemplary in the punctuality of his attendance and in his adherence to the business in hand, and clear in

his conceptions of its nature and bearings, he was on all occasions of this nature an able and a welcome coadjutor. In short, he was one of those rare characters who are 'never weary in well-doing,' and who accomplish it in the most efficient way."

"But while the objects of William Tuke's benevolent exertions were thus various, the subject which undoubtedly most occupied his time and attention, and for which his name will be chiefly remembered, was the establishment of the Retreat at York." His idea for the foundation of that institution sprang from a knowledge of occurrences at the old York Asylum, and was confirmed by a visit to St. Luke's Hospital, in London, where he saw a young woman who "was without clothing, and lay in some loose, dirty straw, chained to the wall."

"In the spring of the year 1792, he made the memorable proposition to a meeting of the Society of Friends, held in York, that it should have an institution, under its own control, for the cure and proper treatment of those who '*labored under that most afflictive dispensation—the loss of reason.*' The proposition was far from meeting, in the first instance, a cordial response. * * * A small number, however, including his eldest son, and the well-known grammarian, Lindley Murray, warmly seconded it." At subsequent conferences further evidences were adduced, the non-contents were satisfied, and it was resolved, "*That, in case proper encouragement be given, ground be purchased, and a building be erected sufficient to accommodate thirty patients,* in an airy situation, and at as short a distance from York as may be, so as to have the privilege of retirement; and that there be a few acres for keeping cows, and for garden-ground for the family, which will afford scope for the patients to take exercise, when that may be prudent and suitable.*"

"The success of the best plans depends upon the execution. 'He had hoped to have found among his numerous friends some one devoted to the good of man, and who, having leisure for such an engagement, would have taken upon him the voluntary and gratuitous superintendence of the establishment. Such a superintendent he thought he had found in a brother-in-law, who had just retired from medical practice, and who entered into the project with much interest. He consented to take the office, at least temporarily, and was in the institution at its opening; but in about two months he was removed by death. The founder looked around among his friends for a suitable successor, but not finding one ready for the engagement, he agreed to undertake the

* The buildings have been more than once enlarged. At the date of the writing of the memoir, there were 114 patients in the Retreat, not all of whom were members of the Society of Friends.

office himself till a substitute should be found, and for nearly twelve months he had the immediate management of the young establishment upon him. This opportunity for close observation confirmed his estimate of the new institution, and enlarged his hopes of what might be done in the improvement of the management of the insane. He only wanted efficient resident agents. Ultimately, the right man was found in the person of George Jepson. It was, indeed, a rare concurrence of circumstances which brought together two minds, one so capable to design wisely and largely, and the other so admirably fitted to carry such designs into execution. * * * He (G. Jepson) was, of course, initiated into the duties of his office by William Tuke, who long continued his parental care of the institution, and may be said for a considerable time to have been, virtually, manager-in-chief. When the new Superintendent had fully obtained his esteem and confidence, he still continued his vigilant oversight, and, as treasurer, regularly conducted the financial and some other parts of the correspondence of the institution, till the decay of his sight obliged him, in his eightieth year, to close his long and gratuitous services.' * *

"He had the satisfaction of witnessing the complete success of the experiment, not only in regard to its direct and primary object, but also, indirectly, by its influence upon other asylums for the insane."

"In regard to the views entertained by William Tuke and his fellow-laborers respecting the use of personal restraint, it may be well to state, that while they from the first eschewed the use of chains, hobbles, and other harsh instruments of coercion, and in so doing evinced indubitable boldness and humanity, departing as they did from the treatment advocated and pursued by the highest authorities, they never theorized upon or systematized the subject. They decided conscientiously, and with remarkable judgment, in each individual case as it presented itself, acting rather in accordance with what appeared to them right and reasonable, than following the doctrines of the schools. Although carrying on this experiment contemporaneously with Pinel, they were totally unconscious of the success attending his labors, and had not, therefore, the advantage of his example. * * * * Considerable investigation into the early practice pursued at the Retreat induces us to think that the amount of restraint employed was remarkably small, and fully justifies the general description given of it by Dr. Conolly, when he says, 'Certainly, restraint was not altogether abolished by them (the early managers of the Retreat), but they undoubtedly began the new

* "Review of the Early History of the Retreat." 1846.

system of treatment in this country, and the restraints they did continue to resort to were of the mildest kind.' ”

“William Tuke enjoyed the full possession of his mental faculties up to within a week of his death, in 1822; and, although blind for several years previously, continued to pursue his active and useful life. Many years before his death, he had occasion to consult the well-known Dr. Willan, who, singularly enough, made the observation, on placing his finger on his wrist, ‘There is a pulse which will beat till ninety’—and so it proved. He was seized, while at dinner, with a paralytic attack, and for the few following days of his life was more or less delirious. During conscious intervals, however, he was able to converse with those around him; but he was ever a man of few words, and said little more than that he wished to be perfectly quiet; and with an affectionate remembrance to the matron of the ‘Appendage’ of the Retreat (which were his last words), he quietly passed away.” * * * He is buried “side by side with Lindley Murray, to whom he was so intimately attached during life—a friendship in unison with the motto on his seal, ‘*Fortior leone amicitia.*’”

“‘In person,’ writes a cotemporary, ‘William Tuke hardly reached the middle size, but was erect, portly and of a firm step. He had a noble forehead, an eagle eye, a commanding voice, and his mien was dignified and patriarchal. * * * In the great election of 1807 he spoke from the hustings. * * * A patron of the Bible Society, he attended all its meetings, liberally contributed to its funds, and often edified the members by the weight of his remarks. That saying, ‘*Crescit amor nummi, quantum ipsa pecunia crescit,*’ was not verified in his example, for he certainly was one of the most disinterested of men.” *

“‘An object,’ writes one who knew him well, ‘which once seriously engaged his attention, he seldom abandoned, being neither depressed by disappointment nor elated by success; but if circumstances proved untoward in the outset, he could wait with patience the favorable moment, and then pursue his object with all the energies of his mind. It was his complete self-government, united with good judgment and unwearied application, which formed the secret of his success. The faculty of mind which, perhaps, most distinguished him, was *observation*. Scarcely any object escaped his attention, and he had an invaluable stock of facts ready to illustrate almost every occasion. On subjects at all within the sphere of his occupations and engagements, his knowledge may be said to have been profound, for he could not rest

* “Yorkshire Observer,” 1822.

in a superficial acquaintance with subjects that came before him. His countenance was the very picture of *strength*. His words were of the same character—though few, they were always effective. During the latter part of his life, there was a great mellowing of what might be called the stern features of his character, and increased condescension and gentleness.’”

ARTICLE V.

SUICIDE AND SUICIDAL INSANITY.*

[TRANSLATION.]

There are some authors who in all cases regard suicide as an act of insanity. For them it is sufficient that one should have voluntarily killed himself, or even made the effort to kill himself, to constitute the deed one of mental alienation.

We, however, are not of this opinion; for there are occasionally circumstances in life in which suicide, without ceasing to be reprehensible and culpable in a moral sense, can, however, be readily accounted for by a state of mind far removed from insanity.

In this connection Monsieur le Docteur Brierre de Boismont appears to be in the right, when he defines this difference, which common sense, even, unaided by science, so readily establishes; and when he insists upon the great importance of making the distinction between the man who, in committing suicide, retains his reason and his self-control, and that one who, suffering from that form of mental alienation, suicidal monomania, is no longer a responsible agent.

It is upon such a scale of difference that M. Brierre de Boismont chiefly establishes the general considerations which preface his work; and here he endeavors to discriminate as accurately as possible between the various causes to which we should refer the frequency of suicides in our day. We can comprehend the full value of these *etiological* researches when we learn that since the commencement of this century there have been, according to statistical facts, no less than three thousand cases of suicide in France.

Those studies to which our author has devoted himself, and the standard of comparison which he has established between the different

* Du Suicide et de la Folie Suicide, Considérés dans leurs Rapports avec la Statistique, la Médecine et la Philosophie. Par A. Brierre de Boismont. Paris. 1856. 8vo., pp. 663.

epochs, have led him to the following conclusions: that the earlier ages, on account of the peculiar philosophic and religious doctrines then entertained—which were essentially pantheistic—were favorable to the development of suicide; whilst in the middle ages, the Christian religion having been established, and there being a predominance of the religious sentiment, and spiritual philosophy, the progress of the evil was arrested. And now, when incredulity is so prevalent, the pride of reason so exalted,—when love of self, scepticism, and indifference are made the code of action of the masses,—a new impulse has been given to the disposition to commit suicide.

The causes of suicide may be divided into two principal classes—the predisposing and the determining. Among the first the most frequent cause, doubtless, is the hereditary tendency, which alone exercises a stronger influence over the insane than over those of sound mind. Next follows the influence of sex, which evidently has a great control, the proportion of suicides being much larger with men than with women. Then come the age of the individual and the circumstances of fortune and education. A singular fact, and one which, at first view, would appear beyond the bounds of probability, is, that in such localities as are most advanced in matters of industry, and also among those classes who have been the most highly educated, we find the largest number of suicides; which result entirely coincides with the author's experience, as he has stated it in one of the latter chapters of his work, where he proves, by authentic and exact statistics, that the number of suicides is in direct proportion with the advance of civilization.

“It is,” to use M. Brierre de Boismont's own words, “when doubt, scepticism, self-love, the desire of worldly gain, and ambition have the ascendancy over religious faith, over patriotism, moral integrity and resignation, that disappointment and despair give rise to feelings of despondency and depression, and lastly to the thought of voluntary death itself.

As regards the determining causes, M. Brierre de Boismont arranges them under ten different heads, one alone of which comprises insanity in all its varieties, hypochondria, and deficient action and over-excitement of the brain.

Almost all the others relate either to particular circumstances, independent of the individual,—such as poverty, reverses of fortune, grief (more or less profound), diseases, etc.,—or to unconquered passions. This chapter, which contains an immense number of facts, is certainly one of the most interesting of the volume, and evinces the arduous and persevering investigations which the author must have made, in the

numerous collections and in the valuable records which have been placed at his disposal.

In reference to the practical conclusion which may be drawn from the *résumé* of all these facts, M. Brierre de Boismont thinks that it is connected with the solution of the great social questions of the day,—pauperism, labor, and wages,—and he thinks that an intimate knowledge of the causes of insanity should be able to furnish numerous lessons for those to whom is intrusted the government of society.

The distinction of the intellectual conditions of those who have committed suicide, is, perhaps, better evinced by analyzing the last sentiments expressed by them, as found in the writings which they often leave, which analysis the author has understood how to use to great advantage in support of the position which he assumes in his essay. As regards those who commit suicide in full possession of reason, it is found that the motives which they assign in explanation of the act are the results of the passions, the inordinate desires,—in a word, of all the common incentives to action in life; whereas, with the insane, the tendency to suicide is determined by hallucination, illusions, and other morbid conditions. With those of a sane mind who commit suicide, reason remains undisturbed; but with the insane it is in a state of perturbation.

We pass by the chapters relating to the symptoms and nature of suicide, and its medical jurisprudence, to notice particularly that part which is more interesting to the general practitioner—its treatment, which evidently differs accordingly as the disposition occurs with one in full exercise of reason or with one insane. In a few words we can give an analysis of the course of treatment as laid down by the author. Religion, morality, and the ordinary occupation of the individual are the best preventives against suicide.

Reason can triumph over the disposition to suicide, when passion alone is prompting it. The judicious control of the passions can be of great service, but it must be commenced at an early period of life; and this tendency to suicide should be overcome in childhood by a systematic training of the mind. It is especially at maturity that reason, moral instruction, and a system of amusements can be crowned with success.

Old age is often driven to suicide by solitude. The true way of overcoming the disposition with such is to build up around them a new family circle.

Imitation, which is a species of moral contagion, contributes to increase the disposition to suicide; therefore nervous, impressible persons should avoid conversations and books relating to this subject. Threat-

ening punishments are, at the best, good only for uncivilized nations ; but actual punishments for certain vices—such as drunkenness, for example—would diminish the number of suicides. The moral treatment of this disposition to suicide is of great importance ; but it is also necessary to determine whether the physical condition of the patient may not be one of the causes of the malady, and to meet it with the appropriate treatment.

In the state of insanity, the treatment of those disposed to suicide differs from that for those who are sane. More frequently is it necessary to resort to seclusion, to coercive measures, and to therapeutical agents—such as long-continued baths ; shower-baths also are found serviceable in the acute stage of this malady. Cold affusions and anti-spasmodic preparations and tonics may be employed with great success ; also external irritation, such as friction of the skin, and likewise depletion and blistering, may prove beneficial. It is sometimes necessary, in cases of prolonged refusal of food, to introduce nourishment into the stomach by means of the œsophagus tube. The administration of morphine appears at times to be useful in the treatment of suicidal insanity. When the acute period of the disease has passed, the pleasures of the family circle are of great service. During convalescence, country air, traveling, gymnastic exercises, amusements, and intellectual as well as manual labor assist materially in the cure. The recovery may be attributable to a physical or moral crisis.

Children born of parents who have committed suicide should be subjected to preventive treatment, which ought to consist of a peculiar kind of physical and moral training, directed with discretion and perseverance by individuals selected for that purpose.

M. Brierre de Boismont's work is a highly valuable one, particularly in reference to suicidal insanity—the principal object, in a word, of the studies of the author. It abounds in curious and interesting facts, all tending to the support of the theories, and the opinions which the author's experience has taught him. It will be a worthy appendage to his work on Hallucinations, and we can safely predict for it a brilliant success.—*Revue Medico-Chirurgicale*.

H. T.

ARTICLE VI.

BIBLIOGRAPHICAL.

REPORTS OF AMERICAN ASYLUMS.

I. *Report of the State of the New York Hospital and Bloomingdale Asylum, for the year 1854. New York, 1855.*

Incorporated in the above is the Annual Report of Dr. D. T. Brown, Resident Physician of Bloomingdale Asylum. The general operations of the institution for the year are presented in the following table :

	Males.	Females.	Total.
Number under treatment, Jan'y 1st, 1854..	56	68	124
Admitted since, to Jan'y 1st, 1855.....	58	64	122
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Total number during the year.....	114	132	246
Total discharged and died.....	64	55	119
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Remaining, Jan'y 1st, 1855.....	50	77	127

Of those discharged there were,—

Recovered	22	26	48
Improved	17	12	29
Not improved.....	9	7	16
Died	16	10	26
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Total	64	55	119

The number of deaths is larger than usual, mainly in consequence of six aged persons having deceased within the year. "In most of the other cases of death the fatal event was the termination of diseases so generally destructive to the insane. Thus, three rank under general paralysis; two died of epilepsy; one of apoplexy; four of exhaustive mania; one of puerperal mania; and three of pulmonary consumption. Two demented patients were destroyed by marasmus, one by organic disease of the kidneys, and one by the long-continued and excessive use of opium. In one instance death was self-inflicted; and in another was produced by exhaustion from a suicidal attempt previous to admission."

In reference to the physical health of the insane, as a class, Dr. B. remarks :

"It has been supposed by some, that the insane resist the invasion of physical disease more successfully than those whose minds are prompt to recognize the approach of alarming as well as trifling ailments. But the reverse is true. Mental derangement, indeed, cannot exist except as the consequence of disordered physical function in some important organ, opening, as it were, the door for the incursion of some new enemy of life, while the sentinel of reason is wrapt in unwilling slumber.

"Thus the insane, as a class, are unsound alike in mind and body. They inherit the multifiform varieties of scrofula, and among them abound the Protean forms of nervous diseases, hysteria, chorea, neuralgia, and epilepsy. Some are victims to depraved appetites, unrestrained by an enlightened and vigorous will, and suffer the torments of alcoholic poison, which has paralyzed alike their physical energies and their moral sense. Cardiac, hepatic, renal, and uterine affections are common among them, excite and shape their delusions, and generally shorten their lives. Their sensations being enfeebled or perverted, they disregard extremes of heat and cold, and become indifferent to danger; but while the mind may betray no indication of pain, their bodies suffer like those of sane men. Neglect of hygienic laws, and resistance to the regimen or habits imposed by others for their benefit, beget inevitable evils. Obstinate derangements of the digestive and assimilative organs are induced by prolonged abstinence, or excessive and unchewed food; the circulation is languid, from muscular inactivity; the extremities are cold and livid; slight abrasions of the skin become alarming ulcers, and serious visceral disease insidiously establishes itself, too often successfully resisting medical art. These patients become prematurely old, their intellectual perceptions and moral emotions disappear with healthy sensation; they sicken and die, often without an intimation of suffering, or an expression of concern."

Nevertheless, in the Report before us is given an instance of the "remarkable exemption from prevailing epidemics sometimes vouchsafed to these unfortunates. Thus, while cholera prevailed to a considerable extent in the neighborhood of the Asylum during the past summer, no instance of this disease occurred within our inclosure, and the whole household was preserved, in an unusual degree, from all affections of a similar character." And in the mortuary table, embracing only twenty-six cases, we find recorded the deaths of six aged persons, the youngest of whom was seventy years of age; three had overstept the limit ordinarily assigned to man, and one had reached the age of ninety-five.

The newly-erected buildings have been occupied, and all the anticipations of usefulness which induced their erection have been realized; the means and appliances for the welfare and comfort of the patients have been multiplied and improved, and the Asylum is better prepared than ever before to accomplish successfully its high aims.

II. *Twelfth Annual Report of the Managers of the State Lunatic Asylum. Transmitted to the Legislature of New York, January 17th, 1855. Albany, 1855.*

At the date of the Report before us closed the twelfth year of the operation of this institution. During this period four thousand three hundred and thirteen patients have been admitted within its walls, seventeen hundred and eighty-nine of whom have been discharged recovered, five hundred and eleven have died, and four hundred and fifty are still under treatment.

In reference to the operation of the new warming and ventilating apparatus, a detailed description of which appeared in a recent number of this Journal, the Managers remark: "From our experience thus far, we feel warranted in pronouncing the plan entirely successful and satisfactory. All previous attempts to secure a sufficient quantity of pure air, by what might be termed natural ventilation, have failed, but the mode now adopted seems adequate and effective."

The Superintendent presents the following statistics:

	Males.	Females.	Total.
Remaining, November 30th, 1853.....	239	207	446
Admitted during the year.....	191	199	390
<hr/>			
Whole number treated	430	406	836
Discharged during the year.....	204	182	386
<hr/>			
Remaining, November 30th, 1854.	226	224	450

Of those discharged there were:—

Recovered	98	66	164
Improved	22	20	42
Unimproved	55	60	115
Died	29	36	65
<hr/>			
Total	204	182	386

The large number discharged "unimproved" is thus explained: By a law of the state governing the admission of patients into the institution, preference is given to recent cases, by directing the removal of those who have been under treatment more than two years, and of those whose mental disease is of long standing, and presents no prospect of speedy recovery. The removal of the "unimproved" to make room for recent cases commenced about six years ago, and has been resorted to whenever applications became numerous and pressing. Owing to the inadequate provision for the insane of the state of New York, these exchanges have been so frequently made that during the past

year nearly all the recent cases admitted were in this way provided for, and of those thus crowded out "unimproved" fifty-one had been under treatment *less than a year*. It, of course, can never be known how many of these would have recovered under continued treatment, neither can the extent of inhumanity and injustice involved in such a course ever be computed; but the fact that most of them became the inmates of the poor-houses of their respective counties, where, to say the least, all curative effort ceased, is alone sufficient to attach to their removal much painful solicitude. In speaking of this, and its apparent legal sanction, it is remarked: "The law provides for the treatment of the insane in an asylum only while their condition is favorable for recovery. Now, can it be just that the care of these persons should diminish in the ratio of their increasing helplessness?—that the spirit of charity should withdraw further and further as they become more dependent on her hand, and when they are utterly helpless, leave them to abuse and neglect?"

In connection with the probable causes of derangement in those admitted, the following important facts are recorded. "The disease was hereditary in,—

	Males.	Females.	Total.
Paternal branch of family.....	30	20	50
Maternal " "	16	30	46
Paternal and maternal.....	8	9	17
Insane relatives, brothers, sisters, or cousins ..	10	19	29
	—	—	—
Total in 390 admissions.....	64	78	142

The above table shows that hereditary predisposition could be traced in 28.97 per cent. of the whole number admitted, and 36.41 per cent. had insane relatives. When it is remembered that in many cases no information in regard to the ancestors can be obtained, this result indicates an amount of hereditary insanity truly alarming. Mental alienation is said to be transmitted more frequently by the mother than by the father, but in the above one hundred and thirteen cases, those who have inherited the disease from the father are the most numerous. Statistics generally show that about two-thirds of the cases of hereditary insanity are transmitted by the mother. M. Baillarger found that of four hundred and fifty-three cases, two hundred and seventy-one derived the predisposition from the mother, and one hundred and eighty-two from the father.

"The form of the disease is very frequently transmitted by parent to child. We now have a case in which there is very little apparent intellectual disturbance, but the patient, at times, is seized with an irresistible impulse to commit suicide. The great-grand-father, grandmother, and uncle were similarly afflicted, and died by their own hands.

"The influence of the predisposition may be so powerful as to produce insanity, without any other apparent cause. In one case, included

in the preceding table, the maternal great-grandmother, grand-mother, mother, and two aunts, the paternal grand-father, uncle, and two sisters, and one brother, have been insane. In another, the maternal grand-mother, two uncles, and mother, the paternal grand-father and uncle, and two brothers, have suffered from attacks of insanity. Many other cases might be mentioned in which no other exciting cause was required to develop the disease."

In December a case of small-pox occurred in the male department, which, though carefully isolated, was followed by twenty-two others. The patients and attendants were at once vaccinated, and all those admitted for several months afterward.

The mortality during the year has been larger than usual, being 7.75 per cent. on the whole number treated. The causes of death were as follows :

Phthisis pulmonalis, fifteen ; general paralysis, four ; apoplexy, two ; epilepsy, four ; erysipelas, four ; hemorrhoids, two ; organic disease of the liver, one ; pneumonia duplex, one ; typhoid fever with internal hemorrhage, one ; chorea, one ; old age and protracted mental disease, four ; suicide, four ; exhaustion, as a termination of insanity of long standing, five ; exhaustion, the result of acute maniacal disease and acute paroxysms of periodic mania, eleven.

III. *Annual Report of the Resident Physician, Lunatic Asylum, Blackwell's Island. New York, 1855.*

The number of patients admitted into the institution during the year was four hundred and eighty-six, only ninety-seven of whom were natives of this country. Forty-seven were received from the penitentiary, forty-eight from the alms-house, sixty-one from the work-house, and one hundred were immigrants.

In reference to the latter Dr. Ranney remarks :

"A large portion of the recent immigrants recover, the derangement of mind being generally produced by privations on shipboard, and the changes necessarily incident on arriving in a strange land. Their exposures and sufferings are occasionally very great in crossing the Atlantic, and in a few the aberration of intellect has seemed to depend entirely on the want of sufficient nourishment."

"A poor German boy was admitted last March, who had just arrived in New York. His sufferings from starvation had been so great as to obliterate from his memory all knowledge of having crossed the ocean, and he fancied himself in his 'father-land.' He would implore me in the strongest terms to allow him to go on his journey, as in a few hours he would meet his parents, who were anxiously awaiting his return. Then

a change would come over him, and he would imagine that he was detained as a culprit. He would plead his innocence with feeling eloquence and in the most melting tones. These delusions were so firmly fixed that he would listen to no explanation, and the only effectual quietus was the liberal and constant supply of nutriment. His thirst fully equaled his appetite for food. I subsequently learned that he was a native of the grand dukedom of Baden, and that he had been seventy days in making the voyage from Bremen to New York. In two weeks the delusions disappeared, and he became fully conscious of his condition. In two months, his mind was perfectly restored, when he left the Asylum, as noted for excessive fatness as he had previously been for his emaciated and meagre appearance."

The annual statistics presented are as follows :

	Males.	Females.	Total.
Number of patients, January 1st, 1854	232	310	542
Admitted during the year	224	262	486
Whole number treated	456	572	1028
Discharged during the year	211	262	473
Remaining, January 1st, 1855	245	310	555

Of those discharged there were,—

Recovered	186
Improved	65
Unimproved	32
Died	190
	473

Of the one hundred and ninety deaths, above reported, eighty-three were from cholera, which prevailed in the institution as an epidemic from the 22nd of July to the 22nd of August. Dr. Ranney remarks that the disease seemed more violent and proved more fatal than in 1849, and nearly the same class was afflicted, viz., those in whom the constitution was greatly impaired from chronic disease and the mind reduced to the most helpless state. Frequently, the first warning was complete collapse, characterized by blueness of the skin, coldness of the surface, and loss of pulse. Cramps were less common than in 1849. If diarrhea occurred as a premonitory symptom, it was readily checked by medicine."

IV. *Annual Reports of the Officers of the New Jersey State Lunatic Asylum, at Trenton, for the year 1854. New Brunswick, 1855.*

This institution has been enlarged during the year by the erection of two additional wings, which, when completed, will increase its capacity

to two hundred and fifty. The Reports of both Managers and Treasurer and of the Superintendent are very favorable. The following statistics are presented.

	Males.	Females.	Total.
Patients in the Asylum, Jan'y 1, 1854.....	98	107	205
Received during the year.....	56	67	123
Whole number treated.....	154	174	328
Discharged during the year.....	46	69	115
Remaining, Jan'y 1, 1855.....	108	105	213
Of those discharged there were,—			
Recovered.....	25	32	57
Improved.....	7	22	29
Unimproved or stationary.....	3	3	6
Died.....	11	12	23
	46	69	115

Death occurred in four cases from consumption, in six from general exhaustion, in eight from dysentery, in one from epilepsy, in one from apoplexy, in one from asphyxia, and in one from congestion of the brain. During the months of August and September, a number of cases of dysentery occurred, several of which proved fatal.

V. *Report of the Pennsylvania Hospital for the Insane for the year 1854. By Thomas S. Kirkbride, M. D., Physician to the Institution. Philadelphia, 1855.*

Dr. Kirkbride's Report is very full and interesting. The institution under his care has been full throughout the year; and during the summer and autumn the number of patients was so large, and the tendency to sickness in the community so great, that but few of those who applied for admission could be received. Nevertheless, the general health of the inmates has been remarkably good, and there has been no tendency to any of the summer or autumnal epidemics which prevailed in many parts of the adjacent country.

The annual statistics are as follows :

	Males.	Females.	Total.
Number of patients at the commencement of the year	112	123	235
Admitted during the year.....	85	93	178
Whole number treated.....	197	216	413
Discharged during the year.....	80	110	190
Remaining at the date of the Report	117	106	223

Average number under treatment, 229.

Of those discharged there were, cured, 98 ; much improved, 32 ; improved, 19 ; stationary, 15 ; died, 26.

“ Fifteen males and eleven females have died during the year. Of these deaths, five resulted from acute mania, four from organic disease (softening) of the brain, six from tubercular consumption, one from chronic bronchitis, one from epilepsy, one from paralysis, one from acute inflammation of the bowels, one from dysentery, one from chronic diarrhea, one from inflammation of the lungs, one from acute dementia, one from disease of the heart, one from dropsy of the chest, and one from old age.

“ Of the patients who died, thirteen were admitted for mania, one for monomania, three for melancholia, and nine for dementia.

“ Of these cases, four of those of acute mania terminated fatally within a little over a fortnight of their admission, nine were less than four months in the house, seven were between one and two years, three between two and three years, one was more than seven years a resident of this Hospital, one more than nine, and one nearly fourteen (and in both branches of the Pennsylvania Hospital more than twenty-two) years.”

“ **PREMATURE REMOVALS.**—As usual, there have been a few patients removed prematurely—so soon after their admission as to give no opportunity to know whether the treatment proposed was likely to prove in any way advantageous. The good sense of the community, however, seems each year to lead to a fuller conviction of the folly of placing patients in a hospital for the insane, and then, from some whim of their own, or to gratify the wishes of some indiscreet friend, to remove them to their homes before it was possible to discover whether they were likely to be benefited by the discipline and treatment of the Institution. Such cases rarely fail to return sooner or later, or to be taken to other hospitals ; but, it too often happens, only after the best period for treatment has passed, or some startling event has occurred which seemed to leave no alternative but to secure the protection of some well-conducted public institution.

“ In addition to the loss generally sustained by the patients from these premature removals, there are other results that ought not to be overlooked or forgotten when stating the objections to such a course. Uncured patients—especially if they have entered an institution against their will—are pretty sure, on leaving it after a short residence, to carry with them some feeling of resentment towards those who had counseled their confinement, or exercised any control over their wishes and proceedings. The morbid condition of their minds too often causes them to interpret erroneously what has passed under their observation, even if there is not a willful perversion of the truth. They frequently leave with a sense of having been greatly wronged ; and it occasionally happens that their earnest and positive declarations of what they seem to believe true, impose upon well-meaning friends, who have had no opportunity of knowing the actual circumstances of their cases. In

my experience, patients who are thoroughly cured rarely leave an institution with other than the most kindly feelings towards it, and with a disposition to cultivate the most friendly relations with those who have been engaged in their care ; while those who are removed prematurely, or taken away with their minds only partially restored, very often exhibit sentiments of an entirely different character, and which, singularly enough, sometimes appear to continue, or else are assumed, even after they in other respects seem entirely well.

“ It is important, when referring to premature removals, to impress upon the friends of patients that although a limited number of cases do recover after a few weeks’ treatment, these are only the exceptions to the general rule ;—that insanity is mostly of a chronic character, or at least of several months’ duration,—requires a steady perseverance in the use of the proper remedies for a long period, and that no case should be considered as having had a fair trial of remedies that has not been at least a year under care in a hospital.”

In the following remarks, which precede the complete and well-arranged statistical tables which usually accompany Dr. Kirkbride’s reports, we entirely concur, and trust that the singular misapprehension in regard to the object and value of this form of recording observations, still existent in the minds of a few may be removed. No one looks to the tables of a single annual report for an accurate view of the subjects to which those tables have reference ; but let them “ be given year after year as a useful and probable approximation, showing the general results of practice, and making an annual contribution of value to the important statistics of mental disease, where, whatever error may exist in details, the aggregates afford just ground for observation and inference.” *

“ **STATISTICAL TABLES.**—Fully impressed with the importance of every institution furnishing, in its annual reports, statistical tables of as many circumstances in regard to its patients as can thus be conveniently arranged, I continue those heretofore reported, with the addition of all the patients under treatment during the year 1854. Because entire accuracy in every point may not always be attained, can hardly be urged as an excuse for not attempting to approach it ; nor is it a sound reason for omitting all statistics, that wrong inferences and unfair comparisons have occasionally been made from some that were not entirely reliable. The extent of the field for observation, the competency of the observer, and the care used in the compilation of all statistics, must, of course, in a great measure, determine their real value ; but I have never been able to discover a sound reason why tables of carefully-recorded facts, or even of the opinions of intelligent physicians, in reference to insanity, should not be just as important and reliable as if made in regard to other diseases.

“ It is not intended on the present occasion to attempt any analysis of the tables about to be presented, or to make those explanations of the

* Report of the Governors of the New York Hospital.

terms used which will hereafter be desirable, or to allude to the inferences which may legitimately be drawn from some of them."

VI. *Thirty-Eighth Annual Report of the State of the Asylum for the Relief of Persons deprived of the use of their Reason. Published by direction of the Contributors, Third month, 1855. Philadelphia, 1855.*

Important alterations and repairs have been made at the Friends' Asylum during the past year, and the institution at no former period has possessed in a greater degree the accessories required to constitute it an efficient agency in the treatment of those afflicted with mental disease. During no previous year have its benefits been constantly shared by so great a number of patients.

At the date of the last Annual Report, third month, 1st, 1854, there were fifty-seven patients in the Asylum, and forty-two have been since admitted, making ninety-nine who have been under care during the past year; thirty-two have been discharged, eight have died, and fifty-nine still remain under treatment. Of those discharged, seventeen were restored, three much improved, five improved, and seven unimproved. The causes of death were as follows: diarrhea, three; paralysis, phthisis, marasmus, old age, and inanition, each one. Of these, two had been inmates of the Asylum for about five years, one for nine years, and two for about twenty years. Two were between forty and fifty years of age, one between fifty and sixty, two between sixty and seventy, two between seventy and eighty, and one over eighty years of age.

"Six recent cases were under treatment at the date of the last Annual Report, and twenty-two have been received since, making twenty-eight patients of this description who have been residents of the Asylum during the past year. Of this number five were removed by their friends before sufficient time had been allowed for them to receive much benefit; and of the twenty-three who were left to undergo a full course of treatment, fifteen have been discharged, all of whom were restored, and eight are still under care. Eleven cases, of more than one year's duration, have been under special curative treatment, three of whom were restored; they were much improved, and five are stationary. Of the seventeen patients discharged restored, ten were under care for a period not exceeding three months, two for more than three and less than six months, two for more than six months and less than a year, and three for more than a year."

Dr. Worthington subsequently devotes a few pages to the consideration of the principles that govern the treatment of mental disorders, and the means used for their relief and cure, in modern institutions.

The Report is embellished with a finely executed steel engraving of the garden and "Library" attached to the Asylum.

VII. *Report of the Board of Managers of the State Lunatic Asylum to the Eighteenth General Assembly.* Jefferson City, Mo., 1855.

Under the above title are presented the second biennial Reports of the Board of Managers, Treasurer, and Superintendent and Physician of the Missouri State Lunatic Asylum, for the two years ending November 27th, 1854. Although the institution has been, in a measure, crippled in its operations by the overcrowded condition of its wards, and the serious inconveniences and disadvantages attendant thereon, it has prospered and fulfilled the expectations formed of its usefulness.

Dr. T. R. H. Smith, the Superintendent and Physician, reports :

	Males.	Females.	Total.
Number in the Asylum, November 29th, 1852,	34	28	62
Admitted in two years	68	55	123
	—	—	—
Total number treated	102	83	185
Discharged during two years	49	42	91
	—	—	—
Remaining, November 27th, 1854	53	41	94
Of those discharged there were,—			
Recovered	20	23	43
Much improved	4	3	7
Stationary	1	0	1
Eloped	2	0	2
Died	22	16	38
	—	—	—
Total	49	42	91

The causes of death were as follows : epilepsy, eleven ; consumption, six ; paralysis, one ; dropsy of the abdomen, the effect of organic disease of the liver, one ; disease of the heart, two ; accidental burning, one ; abscesses and gangrenous ulcers, resulting from injuries received prior to admission, one ; ulceration of the bowels, three ; chronic diarrhea and typhoid fever, each four ; inflammation of the bowels, two ; and one from exhaustion.

Dr. Smith devotes several pages to the consideration of the various causes of insanity. He regards the neglect and misdirection of early education the most prolific predisposing cause, or, in other words, that it lays the foundation for the development of the disease from the ordinary exciting causes.

"The statistics of American institutions for the insane have not, as yet, enabled us to determine, with any degree of certainty, the most

prolific source of insanity in our country. It is true, ill health, heretofore, has been assigned as the most frequent of all causes ; but as this is a general term, and susceptible of a variety of subdivisions, it would include, of course, a variety of causes ; and as none of the reports have given us the elements that enter into the composition of this term, we are left without any data for arriving at a correct conclusion. Among other causes, the most common are intemperance, religious excitement, loss of property, domestic trouble, loss of friends, disappointed love, masturbation, intense study, &c. There has not, however, been sufficient uniformity in the different reports to enable us to infer which one is the most frequent and common cause of insanity. There is a question of far greater magnitude, which lies back of all these causes, and that is, What is it that interrupts the harmony that should exist in man's mental and physical systems, and thus predisposes him to the action of these causes, or lays the foundation for mental and physical disease ? There are very few, if any, examples of the development of insanity in an individual in perfect health, from the sudden action of the ordinary exciting causes, but result, almost universally, from their influence upon those in whom there is a want of a healthy condition of body and mind. Can we determine, then, what constitutes the most common cause of this want of healthy action in body and mind, and predisposes so many to be influenced by the ordinary exciting causes of insanity ? The answer to this question is doubtless found, as others have conclusively established, in the neglect and misdirection of early education. It is during early life, the period usually appropriated for education, when the predisposing causes of disease are too often called into activity. The only safeguard of vigorous mental and bodily health is the cultivation of all the faculties in due proportion, and in harmony with a correct physical education. The great principle of equilibrium, which controls and presides over the forces of inanimate matter, must also preside over animate, in order to the production of a perfect result : a disregard of this principle opens the way for a series of morbid actions, that may end in the most fatal and lamentable results. Every well-informed medical man is aware that a due degree of innervation from the brain is essential to the healthy action of all the other organs in the system ; and hence, if in early life, by excessive action of the mind, a large portion of the brain's energy be expended in maintaining its activity, diseased tendencies gain the ascendancy in their struggle with the vital powers, and the equilibrium being disturbed, hereditary diseases begin to claim their victims, and thus many of the finest intellects and dearest treasures of the heart find an early tomb. How often have teachers, by overtaxing the minds of sprightly children, and disregarding the proper education of the physical system, been instrumental in producing these mournful instances of premature decay ! And how often have parents, in their anxiety to clothe the brows of their children with the early laurel for the triumph of learning—forgetting that learning, to be valuable, must be associated with health—had all their fondest hopes destroyed ! This course, based as it is upon an ignorance of, or inattention to man's mental and physical organization, not only predisposes its subjects to the various forms of physical disease, but also to be easily influenced by the ordinary exciting causes of that most terrible of all visitations—mental disease. While physical education is so important,

and should be made to harmonize with the mental, it is equally so, this great principle of equilibrium, should be the controlling one in the cultivation of the mind, embracing, as it does, the intellectual faculties, moral sentiments, and propensities. If the intellect be educated and the moral sentiments neglected, you may have an intellectual prodigy, but, as has been beautifully said, 'not a finished man, shedding forth the influence of a strong and healthy intellect, and sympathizing with every pulse of the human heart.' If you educate the moral sentiments, and neglect the intellectual, you will have an enthusiast, and the subject of feeling without reason to preside and control. If you educate the propensities, and neglect the other faculties, you will have the animal man, almost on a level with the brutes that perish, having as his only guide the 'lusts of the flesh, the lusts of the eye, and the pride of life.' "

In reference to the apparent increase of insanity in this country, and the causes operative in its production, it is remarked:

" It has been a source of astonishment to many, that insanity should prevail to so great an extent in this highly-favored land of ours, and seems to be increasing even in a greater ratio than our population, and is, perhaps, of more frequent occurrence in this than in most other countries of the world. The general impression is, that our happy form of government, free from tyranny and oppression, where the rich and inestimable blessings of liberty are secured to the humblest citizen, and all those influences thrown around him that will conduce to his temporal well-being and happiness, would be incompatible with its prevalence, at least to any great extent. It is true, the elements which enter into the composition of our government, in the abstract, seem well calculated to contribute to man's highest and best interests, yet the freedom of thought and action possessed by every individual connected with this highly-favored state of things, the numerous and varied incentives to action, the high degree of excitement incident to the different pursuits of life, the spirit of emulation, the hopes, the fears, the joys, the sorrows brought into exercise in quick succession,—all tend, in a striking manner, to disturb the equilibrium so essential to the healthy action of the mental faculties, and by a repetition of the same excesses of feeling, this governing and protecting principle is lost, disease developed, and the mind in ruins, one of the sad and fearful results. Is not the conclusion, therefore, justifiable, that our form of government, with the habits of our people, is calculated to increase rather than diminish the frequency of insanity—especially when we reflect that the causes referred to are acting upon ill-balanced minds and misproportioned characters, the effects of inefficiency of the intellectual and moral powers, with those not favored with good opportunities in early life, and their misdirection with those who enjoyed better advantages? "

VIII. *Fourth Biennial Report of the Trustees of the Illinois State Hospital for the Insane, December, 1854. Jacksonville, 1854.*

Dr. Andrew McFarland, formerly of the New Hampshire Asylum for the Insane, entered upon the discharge of his duties as Superin-

tendent of this institution on the 16th of June, 1854. The Medical Report is therefore made after a service of only six months, although embracing the operations of the Hospital for the period of two years, ending Nov. 30th, 1854.

At the date of the last Report there remained under treatment eighty-two patients; two hundred and sixty-five were admitted, making the whole number treated from December 1st, 1852, to December 1st, 1854, three hundred and forty-seven. During the same period one hundred and eighty-one were discharged, leaving one hundred and sixty-six in the institution. The general results afforded by the records differ little in any particular from other state institutions in the country. The bodily health of the inmates has been generally good, and no epidemic prevailed, although during the summer of '54 the danger seemed imminent from the frequent occurrence of cases of cholera in the neighborhood. The instances of mortality mainly occurred among those exhausted by long-continued mental disease.

It is known to most of our readers that this institution has recently been the scene of intestine troubles, which, we are led to infer, have called forth from the Dr. McFarland the following remarks:

“It is hoped that the Superintendent will not be considered as transcending his proper subject in the suggestion, that nothing can serve to insure the future prosperity of the institution more than the strict maintenance of a vigilant supervision of its affairs on the part of its Trustees. It would seriously imperil the brightness of its prospects, if the Board, trusting too confidently in its organization, should abandon anything of its present watchfulness. At this period, the public confidence in hospitals for the insane has reached what appears to be almost an extreme point. The rapidity with which they have sprung into existence for the last ten years has not diminished the crowd that perpetually presses at their doors for admission. While this proves that the earlier prejudices which existed towards such institutions have yielded to the better information of later times, it also shows how readily those bound to the unfortunate by the ties of kindred and affection unloose those obligations and commit the stricken sufferer to the keeping of the stranger. This is a fortunate state of things for those chiefly concerned; for, without question, when mental derangement has continued for any considerable period, the obligations of kindred are less reliable than those imposed on individuals under public surveillance and provided with the proper appliances. In this fact lies the great responsibility attending the management of the associated insane. The skill, sagacity, prudence, and other moral qualities of a single individual must supply that for which the ties of blood and affection on the part of hundreds have been found insufficient. The difficulty of the case is increased by the fact that an interested public, instead of maintaining institutions for the custody and relief of the insane under a steady and well-regulated inspection, too often neglect them altogether,

till some accidental circumstance throws their affairs open to the public eye, and leaves them exposed to a severity of opinion, which is the more extreme in proportion to its past leniency. Institutions like ours, yet in their infancy, and situated amid a population not thoroughly familiar with insanity and its medico-legal relations to society, are less imperiled by such liabilities than those which have their existence in older communities. The period arrives, sooner or later, when public sentiment becomes fully alive to the importance of the functions which they assume. From being regarded merely as 'hospitals' for the cure of disease by medical agencies, their equally important uses as places of detention for those improper to be at large become developed; and it is a danger that with this discovery an undue sensitiveness becomes manifest lest such a delicate trust as the inhibition of personal liberty be abused. These responsibilities, which are unavoidable by those who become the custodians of the insane, and the severe requirements of an enlightened public sentiment, render it necessary that, while an institution is at the flood-tide of prosperity and public confidence, it should maintain in its affairs all those safeguards which would protect it from the hasty and adverse impulses which are apt to succeed excessive popular favor. There are some similar institutions to this in this country, which have, ever since their foundation, seemed to float on a tide of unbroken prosperity. No breath of public censure has assailed them, the organization of their several corps of officers has remained for a long succession of years unbroken, and the pursuance for so long a time of a fixed policy has given them a high rank among the benevolent institutions of the world. The chief secret of this success has been the close supervision maintained over their affairs by the boards of management. If an institution is well conducted, it is worth an effort to keep assured of the fact; and if it is not, no long time should be permitted to elapse before the obstacles to its success are removed."

Although these remarks have, in the report before us, a local reference only, they are capable of a more general application. The modern views now very generally received in reference to the relative duties of the managerial and professional officers of asylums for the insane, have, without doubt, formed the basis of the great improvement in these institutions which the last thirty years have witnessed. Medical officers, freed from useless restrictions, have been left to the guidance of their own judgment and experience, manifestly to the advantage of both institution and patient. But this element of success may be allowed to degenerate into a source of danger. In those of our state establishments for the reception of the insane, where the trustees or managers hold short terms of office, the apparent prosperity of the institution whose affairs are intrusted to them is apt to lead to a superficial attention to the discharge of their duties. While in the enjoyment of uninterrupted public confidence and seasons of prosperity this inattention may not seem detrimental; but there may be times in the history of any asylum, when the habitual, regular, and close supervision of its

affairs, on the part of its board of management, may prove a safeguard, not only to the institution but to the officers themselves. We agree, therefore, with Dr. McFarland in the importance he attaches to this subject.

In the following extract we have reference to a very interesting association, peculiar, we believe, to the Illinois Hospital.

“Another feature in the experience of the Hospital for the past year, too interesting and too important to be passed without notice, is the formation, on the part of the ladies of Jacksonville, of a benevolent association having for its express object a regular and stated visit to the institution on the Saturday of each week, by a committee assigned in rotation. This society, appropriately styled “The Dix Association,” we regard as a conception of the most happy kind, and its operations have been peculiarly promotive of the welfare and happiness of the unfortunate persons for whose benefit it was instituted. We earnestly hope that the zeal and faith of the society may be sustained, fully believing that its formation is an important era in the history of the institution.”

IX. *Annual Reports of the Commissioners and Superintendent of the Indiana Hospital for the Insane, to the General Assembly. November, 1854. Indianapolis, 1854.*

The annual statistics of the institution, as presented by Dr. James S. Athon, the Superintendent, are as follows :

	Males.	Females.	Total.
Whole number of patients in the Hospital at the close of the year ending Oct. 31st, 1853,	78	85	163
Admitted during the past year.....	83	86	169
Number under treatment during the year....	161	171	332
Total discharged during the year.....	88	84	172
Remaining, October 31st, 1854.....	73	87	160
Of those discharged there were,—			
Recovered.....	59	55	114
Improved.....	12	11	23
Unimproved.....	12	10	22
Died.....	5	8	13
Total.....	88	84	172

“The inmates have been unusually healthy during the year. Few cases of summer or autumnal disease have occurred, and at this time there is not a single case of sickness in the house, except what accompanies insanity. This may be considered very remarkable, as it is rare

you can find over two hundred persons congregated for months and years together without having several members complaining of some physical disease. But here there are none ; indeed, there has been very little disease of any kind the past year, and as a proof of this statement the records of the Hospital show but thirteen deaths for the twelve months, out of three hundred and thirty-two patients treated."

In the cases terminating fatally the causes of death were as follows : typhomania, three ; general paralysis, maniacal exhaustion, pulmonary consumption and scrofula, each two ; tabes mesenterica and erysipelas, each one.

Amusements, social parties, and games of every description have been resorted to successfully as a means of recreation, and also made available in treatment.

"CELEBRATION OF MAY-DAY.—A banquet was given and the day celebrated by our inmates with as much parade as is usually manifested upon such an occasion. The searching for flowers, the making of wreaths, the crowning of the May Queen, and the interchange of bouquets and salutations, occupied and engaged their attention for hours.

"FOURTH OF JULY CELEBRATION.—The second annual celebration at the Hospital, of American Independence, was attended, like the first, with the happiest results ; above a hundred patients participated in the festivities of the occasion and enjoyed themselves beyond calculation. Those who, from physical and other causes, were unable to join with the more fortunate in the grove, were abundantly supplied with refreshments at their rooms. The day was delightful, and all went on well. By the kindness of our estimable friend, the Rev. Sydney Dyer, who attended on the occasion, prayer was offered to Almighty God for His blessings, temporal and spiritual. Dr. Elliot read the Declaration of Independence, and Dr. Torbet delivered an appropriate and interesting address."

In common with several other state establishments for the reception and treatment of the insane, the Indiana Hospital is laboring under the serious inconveniences and embarrassments attendant upon the unfinished condition of the building. Although six years have elapsed since the first patient was received, we find in the Report an appeal to the Legislature for an appropriation to commence and complete the *north* wing, which has already the foundation dug, and two thousand dollars worth of material on the ground, which is becoming injured by the delay ; and the Superintendent hopes, "with the proper means at command, to have the *south* wing in complete readiness for the reception of patients by the first of March next."

The Superintendent joins the Commissioners in urging upon the Legislature the immediate completion of the building, and in doing so

presents the claims of the very large number awaiting, in jails and poor-houses, a favorable opportunity for admission into the Hospital; and of others scattered through the state he remarks, "I am in almost daily receipt of letters inquiring when room can be made for patients, perhaps pent up in some out-of-the-way house, wallowing in their own ordure, uncared for, objects of the most anxious solicitude to friends, and terror to neighbors."

X. Sixteenth Annual Report of the Board of Trustees for the Benevolent Institutions, and of the Officers of the Ohio Lunatic Asylum, to the Governor of Ohio, for the year 1854. Columbus, 1854.

In May, 1854, Dr. E. Kendrick, the Superintendent, and his Assistant Physicians, tendered their resignations, to take effect on the 1st of July succeeding. Their resignations were accepted, and at the semi-annual meeting of the Board in June, George E. Eels, M. D., was appointed Superintendent, and Andrew McElwee and William R. Thrall, M. D., Assistant Physicians.

The institution has been favored with perfect immunity from all epidemic disease throughout the year. Although cholera prevailed extensively in the neighboring counties and villages, the Asylum was entirely exempt from its influence, giving satisfactory evidence of a healthy location and judicious hygienic regulations.

The subjoined tabular statement exhibits the operations of the institution for the year ending November 15th, 1854.

	Males.	Females.	Total.
Number in the Asylum, November 15th, 1853,	115	138	253
Admitted in two years	113	133	246
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Total number treated	228	271	499
Discharged during two years	106	132	238
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Remaining, November 15th, 1854	122	139	261

Of those discharged, one hundred and thirty were recovered, twenty-nine improved, fifty-seven unimproved, and twenty-two died. The causes of death in the cases terminating fatally were as follows: phthisis pulmonalis, five; maniacal exhaustion, seven; pneumonia and chronic diarrhea, each three; suicide, exhaustion from journey, structural disease of the brain and hydro-thorax, each one.

The medical history of the institution is thus given by Dr. Eels:

"Since my connection with this institution, nothing has occurred in this department worthy of particular notice. In July many of the

inmates were affected with simple diarrhea, which was readily controlled by the usual means. During the months of August and September the intestinal disorder assumed more aggravated forms. Bilious diarrhea and dysentery supervened. This, in every instance, subsided under the usual mild alteratives, such as blue mass, hyd. cum cretâ, with anodynes, conjoined with perfect rest and a mild, fluid diet.

"We had also, during the same time, twenty-seven cases of fever; seven of these were intermittent, nine remittent, and eleven continued. The two former varieties were very mild, and yielded readily to the use of anti-periodic remedies. The continued fever was of an *asthenic* character, and distinct from the other two varieties. It yielded neither to the tonic, alterative, nor anti-phlogistic course of treatment, but continued uninterruptedly to run through a certain cycle of changes, and finally, at the expiration of from two to three weeks, slowly convalesced. This disease had not the well-defined symptomatology of typhoid fever. The surface was hot and dry, tongue moist and clean, pulse frequent, soft, and small; diarrhea was not generally a troublesome feature, although occasionally present. There were not present, 'the lenticular rose spots,' the tympanitis, the dry mucous surface covered with sordes, nor the low muttering delirium, so peculiar to typhoid fever.

"This fever was treated by enjoining rest, acid drinks, rice water for nourishment, frequent application of tepid water to the surface, with alkaline diuretics, diaphoretics, and occasional anodynes. Experience has taught me that diseases of this character are the most successfully treated when no violence is done by medication to any of the centers of organic sympathy.

"The treatment of insanity proper has not differed materially from the course now most generally approved and adopted in all similar institutions. The non-restraint system is continued, so far as it can be with safety to the patient and others. Constant occupation of the mind, either by work or amusements of various kinds, is insisted upon. Perfect regularity of habits, both in their physical and mental exercises, has seemed to produce decidedly beneficial results, substituting, as far as possible, for their fixed or variable hallucinations a systematic and rational train of thought.

"When the patient is laboring under functional organic disease of any of the viscera, such a course of medication is pursued as is calculated to restore the same to healthy condition, which, when obtained, often effects a perfect restoration of the mind."

XI. *Annual Reports of the Officers of the Insane Asylum of the State of California, for the year 1854.*

The Asylum at Stockton has been enlarged during the past year by the erection of a main or center building, seventy feet square and three stories in height, and the grounds have been inclosed with a suitable fence. These improvements will increase the appliances necessary for the proper care of its inmates; but much still remains to be done. The Board, in referring to these inconveniences, state, that "the only

kitchen the Asylum ever had is a small one-story, wooden building, containing a room not much larger than the kitchen of private dwelling-houses. As for a dining-room, the wooden building which contained a small one for the male patients has been removed from its former site to make room for the main building lately erected, and appropriated to the female patients. On the removal of this building, the Board caused a long shed to be built from rough, red-wood boards, inclosed on the sides, and with a floor for the purpose of a dining-room for the male patients, which answered the purpose very well until the rainy season commenced, when, for want of a better place, the long tables were placed in the hall of the second story of the wing—an improper place, as it disturbed the sick, besides being very inconvenient.” They also remark, “Great credit is due, both to the officers and inmates of the institution, who have cheerfully, since its foundation, endured such inconveniences as have never before been experienced by similar institutions.”

Dr. Robert K. Reid, the resident physician, presents the usual statistical tables for the year, which are as follows :

	Males.	Females.	Total.
Number in the Asylum, Dec. 31st, 1853.....	93	10	103
Number admitted.....	179	23	202
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Whole number treated.....	272	33	305
Number discharged.....	152	19	171
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Remaining, Dec. 31st, 1854.....	120	14	134

Of the one hundred and seventy-one discharged, one hundred and fifty (one hundred and thirty-two males and eighteen females) are reported recovered, and twenty males and one female have died. The diseases which proved fatal were as follows : typhoid fever, three ; epilepsy and dysentery, each four ; acute mania, mania-a-potû, erysipelas, dropsy, and ramollissement, each one.

The general health of the establishment has been good. No epidemic, and no acute disease of any kind unconnected with the brain prevailed to any extent.

In connection with the subject of the general health of the house, the following remarks on the climate of the Stockton and San Joaquin Valley will be of interest.

“The temperature is regular and equable, and the extreme heat modified by a constant sea breeze from the north-west during the day, in the dry season, and cool winds from the mountains during the night.

“The coldest month was January ; the mean temperature being at 8 A. M., 34 degrees ; at 2 P. M., 58 degrees ; and at 8 P. M., 40 degrees.

"The warmest month was July; the mean temperature at 8 A. M., 69 degrees; at 2 P. M., 90 degrees, and at 8 P. M., 73 degrees.

"The coldest morning was January 20th; the thermometer standing at 18 degrees.

"The coldest noon was January 20th; the thermometer, 36 degrees.

"The coldest evening was January 20th; thermometer, 24 degrees.

"The warmest morning was July 23rd; thermometer, 78 degrees.

"The warmest noon was July 8th; the thermometer 98 degrees.

"The warmest evening was July 15th; thermometer, 80 degrees.

"There were only 67 cloudy and rainy days in the whole year; the remaining 298 days were clear and cloudless, with a bright sun.

"The whole amount of rain during the year was 19 1-5 inches.

"1854 has been the coldest year, and January the coldest month, in this state since 1849."

The temperature of the climate is so equable, and the atmospheric changes so regular and gradual, that they exert but little influence in the production and development of disease.

The table of nativity shows the peculiar character of the population, from which the patients at this institution are received—in the words of Dr. Reid, a "perfect conglomeration of different people and nations, without fusion or assimilation—Americans from every state in the Union, foreigners from nearly every government in Europe, from South America, from Asia, and from the Islands of the Pacific. Nine Africans were also admitted into the institution."

No less diversity characterized the occupation of those received; the larger proportion, of course, were miners. The causes productive of insanity in the three hundred and five cases treated during the year are, in connection, equally suggestive. Thus fifty-one cases are attributed to domestic affliction and pecuniary and political disappointment; eight to desertion of wife, husband, or mistress; two to sudden wealth; and forty-five to intemperance in one form or another.

XII. *Reports of the Board of Commissioners, and of the Superintendent of the Provincial Lunatic Asylum of New Brunswick, for the year 1854. Saint John, 1855.*

The operations of this institution, also, have been much embarrassed by the unfinished state of the building. A new wing has been added, but being unprovided with proper heating apparatus, it was, for all practical purposes, useless. As a temporary measure, stoves, &c., were purchased at a "considerable expenditure," but they were wholly insufficient to make the numerous rooms fit for the occupation of patients. Notwithstanding these numerous inconveniences, Dr. Waddell, the Medical Superintendent, is enabled to present a very favorable report.

At the commencement of the year there were one hundred and twenty-seven patients in the institution: one hundred and eight were admitted, making the whole number treated two hundred and thirty-five. Of these there have been discharged and died one hundred and four, leaving one hundred and thirty-one still under treatment.

In the first six months of the year there were five deaths—three from consumption and two from exhaustion from chronic insanity. During the last six months there were twenty-one, eight from exhaustion from chronic insanity, three from consumption, three from diarrhea, two from dysentery, and one each from epilepsy, epileptic fit, general paralysis, paralytic seizure, and acute mania.

From the medical history of the year we make the following extract:

“The leading event of the year is, that cholera was in the city and neighborhood around us, and that we escaped. On its approach, our first duty was to see that, beyond doubt, the premises in every part were as nearly as possible in a state of thorough cleanliness. Great attention to diet was observed, bread was substituted for vegetables, attendants were induced to remain at home, and the whole household, as far as possible, was isolated from the scenes of distress reported in the vicinity. By these means we secured pure air and wholesome diet, and to a very large extent the minds of patients and those in charge were quiet and steady; and, by unremitting supervision, to detect at the earliest moment the existence of bowel complaint in any form, that it might be promptly met, we were so fortunate as to have no symptoms peculiar to Asiatic cholera.

“At the time cholera prevailed, and for weeks after it had passed away as an epidemic, the digestive organs of the whole household were in a highly irritable condition. In many cases diarrhea and dysentery were developed, in others irritability induced discomfort, and in all the vital powers were lowered; and those who were before much exhausted from chronic ailments, as the season advanced, one after another gradually yielded to the complicated causes of depression, and finally sank.”

The Report closes with a summary of Dr. Waddell's observations upon the various systems of warming and ventilating, and architectural arrangements of several of the larger institutions for the insane in the northern part of the United States. The object of his visit, made in the spring of 1854, was to obtain information on the subjects of general organization and management, and upon points having special reference to the Asylum at Saint John. The communication is addressed to the Chairman of the Board of Commissioners, and embraces many useful suggestions and conclusions which, if acted upon, cannot but prove of great advantage to the institution.

ARTICLE VII.

EDUCATION OF IDIOTS AT THE WEST.

Under the impression that the condition of the idiot was fixed, and that misery and helplessness were the unalterable lot of that unfortunate class, philanthropy attempted but little in their behalf, until about fifty years ago, when mere accident showed that they were capable of instruction and improvement. Itard, in France, was the first to demonstrate by personal observation and effort that they could as a class be benefited by education. To Dr. Edward Seguin, the pupil and friend of Itard and Esquirol, whose valuable services were temporarily obtained for the Experimental School in Massachusetts, is due the credit of first systematizing the educational means in the case of idiots. In 1828, M. Ferrus established a school in Paris, and Voisin established still another in 1839.

In 1846, by authority of the Legislature of Massachusetts, a commission, of which Dr. Samuel G. Howe was chairman, was appointed to investigate the subject of idiocy in that state, in all its bearings. The result of the labors of this commission was a most able and complete report. In 1848 an appropriation was made to commence the work of instruction, and, three years afterward, a still farther appropriation of five thousand dollars annually was voted to the "Massachusetts School for Idiotic and Feeble-Minded Youth."

In October, 1848, the New York State Asylum for Idiots was opened for the admission of pupils, under the charge of Dr. Hervey B. Wilbur, formerly teacher in a private school for the training and instruction of idiots, at Barre, Mass. This institution, at first located near Albany, has since been removed to a large and suitable building erected at Syracuse, and is now in successful operation.

The matter of idiot instruction is receiving the favorable notice of several legislative bodies at the West, and it is to be hoped that every state will make early and liberal provision for this hitherto neglected class of its citizens. The attention, both public and professional, which has been awakened in regard to this subject will, we think, give special interest to the following extract from the report of Dr. William S. Chipley to the Board of Managers of the Eastern Lunatic Asylum, at Lexington, Kentucky.

As will be observed, the remarks were called forth in their present

connection by an unfortunate law of the state, which permits the admission of idiots into its asylum for the insane.

“There is one class of persons frequently committed to the Asylum, as provided by law, in whose behalf I esteem it a duty to appeal to the humanity and generosity of the Commonwealth. I allude to idiots, of whom, according to the census of 1850, there are seven hundred and ninety-six in the state. Doubtless this is far short of the true number. The attention of your board has been heretofore directed to the manifest evils resulting from the promiscuous mingling of these persons with the insane. As early as 1848 you say : ‘We are sure that every one having any experience on this subject will testify, most strongly, against the evil effects of such unions, and the injurious consequences of such association to the lunatic.’ And you state very correctly the circumstances under which these persons are generally sent to the Asylum : ‘Whenever an idiot becomes so utterly diseased and helpless that no one will support him for the fifty dollars allowed by law, he is sent to the Asylum.’ These are, in truth, the most degraded, filthy, and offensive objects committed to our care.

“But there are other, and infinitely higher, considerations demanding some special provision for idiots. Now we seek to minister only to their physical wants ; we regard and treat them as inferior animals, incapable of improvement, and for whom charity has no other boon than what is necessary to sustain animal existence. Until recently, no one contemplated the possibility of putting in practice any system of training and cultivation calculated to elevate them from their deplorable condition, and to render them useful and respectable members of society. Yet this may be done, as has been demonstrated by numerous trials in this and other countries. The practicability of educating idiots being proved, it imposes a duty, than which I can conceive of none that presents itself with higher claims to our sympathy and Christian humanity.

“In their untutored state, idiots are among the most disgusting and revolting objects, and, what is their greatest misfortune, their condition is looked upon as one of utter hopelessness ; and hence, no general effort is made to cultivate the limited intellect they possess, or to improve their condition by a patient inculcation of habits that would render them useful to society, and enable them to pass through life, not only free from the revolting aspect they usually present, but really respectable. At present they are a very considerable burden to the state, and a still greater one to society ; and as they are now regarded and treated, this burden is to be borne as long as they live. Kentucky has made wise, humane, and liberal provisions for the welfare of every other

class of her unfortunate people; the dumb, the blind, the insane have long since enlisted our liveliest sympathies, and the most generous means have been supplied to alleviate their unhappy condition, to contribute as far as possible to their happiness, and to put many of these unfortunates in a position to earn their own support. Ought not as much to be done for the idiot? No one will hesitate to answer this query in the affirmative, when assured of its practicability; and we are confident it has not been done already, simply because it was not known to be attainable.

“Isolated, generous, but not very well-directed efforts were made to improve the condition of idiots, many years ago, by Itard and others, and with more or less success; but the practicability of educating them has been fully demonstrated within only the last quarter of a century. Within this period it has been proved beyond question, that, by proper training, idiots may be raised from their miserable condition, and taught to appreciate the ties that bind society together, to discard their foul and brutish habits, to exercise self-control, and to respect and practice the duties and virtues that devolve on rational man. All this, and even more, has been accomplished by a few noble and philanthropic spirits, who have earnestly and zealously sought to develop these masked and despised intellects. Some, who under other auspices would have gone groveling through life, the objects of loathing and disgust, have made considerable attainments in learning; many others have been taught to read and write, and to appreciate the value and use of figures; and still others are now earning a respectable living in mechanical pursuits, which, a few years ago, would have been thought infinitely above their capacity. Voisin, Valle, and Sequin, in France; Guggenbuhl, in Switzerland; Sargert, in Prussia; Drs. Wilbur, Brown, Howe, Richards, and others in our own country have labored in this field of noble enterprise, and have opened a new world to many who, without their teachings, would have lived subject only to animal propensities, and have died without having experienced the thrill of a single ennobling thought, or practiced from correct motives a single virtuous act. I beg to refer you to the interesting observations of Mr. George Sumner, who paid considerable attention to the education of idiots, as practiced in Paris. He says: ‘Fortunately for the poor idiots, the error of those who denied them all intelligence, and pronounced them incurable, has been proved, the interdict against them removed, and the fact triumphantly established, that, however degraded their condition, however devoid of all human faculties they may seem to be, they carry with them the holy spark which intelligent sympathy may influence. During the past six months I have watched with eager interest the progress which many young idiots

have made in Paris, under the direction of M. Sequin, and at Bicêtre, under that of MM. Voisin and Valle, and have seen, with no less gratification than astonishment, nearly one hundred fellow-beings, who, but a short time since, were shut out from all communion with mankind,—who were objects of loathing and disgust, many of whom rejected every article of clothing, others of whom, unable to stand erect, crouched themselves in corners and gave signs of life only by piteous howls, others in whom the faculty of speech had never been developed, and many whose voracious and indiscriminate gluttony satisfied itself with whatever they could lay hands upon—with the garbage thrown to swine, or with their own excrements—these unfortunate beings, the rejected of humanity, I have seen properly clad, standing erect, walking, speaking, eating in an orderly manner at a common table, working quietly as carpenters and farmers, gaining by their own labor the means of existence, straining their awakened intelligence by reading one to another, exercising towards their teachers and among themselves the generous feelings of man's nature, and singing in unison songs of thanksgiving. It is a miracle! you will exclaim, and so indeed it is—a miracle of intelligence, of patience, and of love. When I expressed to the teacher of the school at Bicêtre, M. Valle, my gratitude and my surprise at the result of his efforts, his reply was as profound as it was beautiful and modest: "*Il ne faut, Monsieur, que la patience et le desir de bien faire.*" Patience and the desire to do good are all that are necessary. More than this is necessary, and I felt bound to complete his sentence by adding to it the noble motto which Don Henry of Portugal engraved on his shield, and by his conduct justified so well: "*Le talent de bien faire.*" Patience, and the talent, as well as the desire, to do good, are all required; but these can all be found in the community where Laura Bridgeman has been taught; and the possibility of success now fully established, it would be an insult to Kentucky to suppose that she will not be among the first to make those efforts for her idiot population which many European states are already commencing.'

"These wonders, however, cannot be developed,—these miracles cannot be wrought to any considerable extent by individual effort. The state must come to the aid of these despised and neglected children of misfortune. Early, systematic, and unremitting training is necessary to accomplish the surprising and almost incredible results that have been witnessed in the schools for idiots in this and other countries. Experience, patience, an unfaltering devotion to the cause, are qualities absolutely demanded to insure success. These qualities are rarely found among the rich, and if found among the poor, the necessary leisure

would be wanting to enable them to put them to the test. Schools devoted exclusively to the training and instruction of idiots can alone effect anything of moment in this humane cause. Few whose days are imbittered by hourly observing the disgusting habits and brutish propensities of an idiot child can command the services of competent teachers; nor do many of them ever dream of the possibility of raising their beloved child to the level of the mass of mankind in all those habits which characterize rational man. A pittance is now granted by the state to minister to the mere animal wants of idiots; but how much nobler would be the effort, and how much more economical would be the result, to school them to self-respect, self-control, and usefulness! Will Kentucky lag far behind the despotic governments of Europe, of Massachusetts, New York, and Pennsylvania in this, by no means the least of all the great enterprises which the wonderful discoveries of the present century have given birth to? Will her aid be invoked in vain? Her people have never turned a deaf ear to any appeal in behalf of the cause of general education; they have ever shown a willingness to tax themselves to any extent to educate the rising generation; and it cannot be that they will refuse their aid to replace 'moping, muttering, groveling idiots' with respectable, intelligent, and useful men and women.

"But, on the lower argument of economy alone, it would seem to be advisable for the state to change her policy in regard to this truly unfortunate class of her citizens. During the past year 437 idiots have been pensioners on her bounty, towards the maintenance of whom there has been paid from the treasury the sum of \$21,850. Add to this large amount incidental expenses, as for their burials and the cost of maintaining the same class of persons in the two lunatic asylums, and we have at least \$25,000 appropriated in one year for the mere purpose of sustaining miserable existences. The number of these pensioners will probably increase annually, and bring with it a corresponding drain upon the treasury. Now, this large sum would be more than sufficient to school every idiot in the state, of a suitable age for education, putting almost all of them into a condition to earn their own support. Thus, in the course of a few years, the older pauper idiots dying off, all state aid may be properly withdrawn from such as failed to avail themselves, at the proper age, of the benefits of the school.

"The question, then, in a pecuniary point of view, is manifestly between supporting idiots, when young, for a term of years, and preparing them to earn their own subsistence in some useful employment, or contributing large sums to a greater number of disgusting and revolting objects during life. No one can fail to perceive that the former course will be much the most economical, as it is undoubtedly

the most humane and generous. It is a plan for ennobling our species; for imparting dignity to naturally the most abject and wretched of the human family; for rendering useful and productive the most indolent and wasteful of mankind. Inasmuch as it has been demonstrated, elsewhere, that the idiot is not wholly destitute of intellect,—that none are so low in the scale of humanity as to be incapable of training to a comparative degree of comfort and happiness, while the majority may be schooled to take the place of ordinary minds in society. I have endeavored, briefly, but earnestly, to place before you their claims to the fostering care of the public. I would that they had an abler advocate, who could paint in livelier colors their present deplorable condition, and the bright and beautiful world which may be created for them by the fiat of the constituted authorities of the state. Feebly as I have presented the subject, I trust that enough has been said to awaken attention to it; and I am confident that the more it is investigated, the more wonders will it display, the more popular will it become, until, ultimately, I am sure, ample provisions will be made for the proper instruction of every idiot within our borders. It will be one of the noblest achievements of the state—the brightest ornament in our system of public instruction.

“The munificent aid given to common schools in Kentucky is important, but not absolutely indispensable. Most of those taught in these schools would obtain some sort of education without such aid; but it is quite different with the idiot; they cannot be taught in our common schools; peculiar means and appliances are required to enable the teacher to reach the feeble intellect with which they are endowed; physical education must go hand-in-hand with mental cultivation—strict and unrelaxing discipline is one of the chief elements of success. And then extraordinary qualifications are requisite on the part of their teachers; they must be gifted with generous and humane hearts, with energy that cannot be subdued, and perseverance which no discouragements can arrest. All these means, so necessary in any attempt to arouse and strengthen the dormant faculties of the idiot mind, can be commanded only in a well-regulated public institution under the direct patronage of the state.

“I repeat, the measure is one that will grow upon the affections, and become more popular as it is better understood, and the good it is capable of accomplishing is correctly appreciated. Such has been the result wherever the system has been fairly tried. Two years' experiment, on a small scale, in the great State of New York, resulted in the erection of a State Asylum at Syracuse. This institution now contains eighty patients, all of whom are instructed in reading, writing, and

ciphering, so far as their constitutional and intellectual strength will admit. Experimental schools have been elsewhere followed by permanent and well-endowed institutions; and the education of idiots is now the settled policy of many European governments, as it is of at least three of the states of this Union. May Kentucky soon be found emulating their noble example!"

The subject of idiot instruction has recently been introduced, in a most interesting manner, to the notice of the Legislature of Ohio, by Dr. Wilbur, Superintendent of the New York State Asylum for Idiots. He detailed to that body and the citizens of Columbus the mode of instruction adopted, and demonstrated the astonishing progress in reclaiming these unfortunates from their moral and intellectual darkness, by an exhibition of two pupils who had been under his management about four years. They had been selected from a class presenting the least hope of improvement; they were, when first placed under tuition, respectively six and eight years of age, driveling and helpless, unable to talk, making only inhuman sounds, unable to walk, from partial paralysis, apparently knowing nothing, even the hand from the foot. Their proficiency had been such, that they exhibited a better knowledge of spelling, writing, geography, grammar, and arithmetic than many children taught in the best schools, for only that period, and commencing with the alphabet. Dr. Hills, editor of the *Medical Counsellor*, who gives an interesting account of this exhibition, remarks: "Notwithstanding the unmistakably idiotic form of the heads, the actions, and manners of these youths, the exhibition of mind and intellect, in their exercises in orthography, geography, and arithmetic, even to the extent of readily solving questions in *fractions*, seemed to make it perfectly absurd to call them idiots, and difficult to comprehend that they ever were. It would seem rather that the organs of the mind had been simply torpid, or at rest, which only needed *awakening*. Practically, we have no doubt this is the case, whatever the theory of idiocy may be."

There are, undoubtedly, several hundred of these *sleeping intellects* in the state of Ohio, without an effort being made in probably a single case to awaken them or alleviate their helpless condition; and the hope is confidently indulged that the present Legislature will take the initiative step in their behalf.

S U M M A R Y .

RESIGNATION OF DR. BELL.—The retirement of Dr. Bell from the medical superintendence of the McLean Asylum, which he has conducted with signal ability and success for nearly twenty years, is officially announced in the last Annual Report of the Trustees. The number of patients has nearly trebled under his administration, and the institution has gained a high and wide-spread reputation. His skill, kindness, and care, his activity, decision, and fertility of resources, have been conspicuous in his management of the patients; his quick perception and uniform courtesy have given him that influence over their friends which is one of the first requisites for the successful treatment of the insane; while his weight of character has won the confidence of the community, and preserved the Asylum, in a great measure, from that suspicion and obloquy to which such institutions are peculiarly exposed.

In the subjoined extract from his Report to the Trustees of the Asylum, Dr. Bell communicates his intention of withdrawing from the position he has so long and ably filled. His remarks are replete with valuable suggestions, and will be read with interest.

I communicated to your Board, several months since, my intention not to be a candidate for re-election to the office which I have held by your appointment for so many years. Having made my arrangements to retire to a spot not far distant, where I shall have the happiness of opening my eyes each morning on this blessed institution, and feeling that my own happiness will be intimately connected with witnessing its continued prosperity, I hope hereafter to be no stranger within its walls; hence I feel that no melancholy valedictory is required, or would be in keeping with the occasion of my handing over this charge to another. I will only say that, as far as I know, I leave this Asylum prosperous in its own affairs, and amply possessed of the confidence of the community. I leave it with a heart grateful to that superintending Providence which shielded me for so many years from those bereavements and that ill health which have of late overwhelmed me, so that I have been enabled to do something for those placed under my care, as well as for the general cause of the insane over our country; grateful

for the uniform support, the indulgent forbearance, the kind sympathy in my many trials, of the members of your Board, present and past; grateful to the medical profession, whose cheerful and ready confidence and uniform courtesy are and ever will be very dear to my memory; grateful to a community which has, in the various attacks to which this and all such institutions are ever liable from the mistaken, the ungratified, and the malignant, sprung promptly to our relief, rendering explanations and defenses superfluous; grateful to a long line of recovered patients, of both sexes, whose kindly recognition of our efforts has inspired new activity and made labors pleasant, however in themselves anxious and exhausting; and lastly, grateful to those associated with me in various capacities—most of them for many years, and some during my entire service,—in the discharge of our holy functions. I can mark the day of my leaving these walls with a “white stone,” and enter again the world without one feeling other than that of kindness and good-will to all mankind.

The experience of the nineteen years since I was called unexpectedly to the superintendence of the McLéan Asylum, without application on my part, or knowledge that I was thought of for the office, an entire stranger to every member of the Board, and almost equally a stranger in the Commonwealth, has not passed, I trust, without adding something to the common stock of knowledge of the treatment, moral and medical, of insanity. The experience of this institution, almost the earliest of the curative hospitals of the land, has been most freely shared with those which have been added successively to the long roll now extending from Maine to California. Christianity can hardly show a mightier triumph than the fact, that, since the brief date just named, the number of hospitals for the insane, in the United States, has increased from half a dozen to between forty and fifty, and the accommodations for patients have risen from about five hundred to between ten and eleven thousand. Even the four larger British Provinces adjoining us have caught the influence of our zeal, and each of them has, during that period, provided itself with a large and well-furnished institution, essentially upon our models.

While the moral treatment of the insane, in its great principles, was as well-established half a century since as at this hour, the means of carrying out the highest forms of such treatment have been constantly augmenting, because their necessity has been more and more recognized by those on whom hospitals depend for support. The only limit now seems to be in the ingenuity and industry of those who have the charge of applying those means. While many things which promised well in words and in theory have been tried, some of the most lauded

have so far failed as to be abandoned by the wise and judicious. The character of the patients at different institutions obviously requires differences of moral treatment; and this may change in the same institution. For example, mechanical and agricultural labor, which was foremost in the moral appliances of this Asylum, has long since been abandoned, because the class of sufferers has entirely changed since the establishment of so many hospitals around us.

The trial was made here for several years, of the entire disuse of all forms of muscular restraint. Much was said and vaunted of this experiment elsewhere, and it was thought well to give it a full trial. The result was a conviction that no such exclusive system was, here at least, compatible with the true interests of all patients.

The experiment was also made here of allowing certain patients, in pretty large numbers, to go abroad on their parole. No accident occurred in consequence, and very rarely was the pledge broken. But, instead of making the patient more contented, and adding to his happiness, the reverse was eminently the case, and the conclusion was forced upon us that almost every patient who was so far disordered in mind as to justify detention at all, was too much disordered for even a qualified liberty.

The intermingling of patients of both sexes, under the eye and supervision of officers and attendants, both in daily religious exercises and on occasions of festivity, was very thoroughly tested in several years' experience. Its inconveniences led, long ago, to its abandonment. Whatever may be the case in other institutions, here such interminglings proved unprofitable and unwise.

Other elements of moral treatment have been verified in our experience, as in all the preceding history of the insane, and the institutions for their relief. The interdiction of the visits and correspondence of friends is ever one of the severest trials of those in charge of hospitals. As the indispensable necessity of such separation was one of the earliest of the recorded facts of medical observation, so it remains true and prominent in every day's experience of every asylum. If the head of an institution can be tempted in any point to yield or evade his convictions of duty, it will be here; for such convictions he must have with his first practical lessons, and they will keep strengthening with each year of experience. He will be pressed to abandon his duty by those who must be assumed to have a far nearer interest in the sufferer than he can have. After earnest and prolonged expositions of his grounds of action, and the results of his often-repeated experimentings, and after the most earnest appeals that the welfare and, perhaps, recovery of his patient shall not be put in jeopardy by any feelings, or false rea-

sonings, or capricious suspicions of friends, he will find fathers and mothers, husbands and wives, brothers and sisters, whose whole knowledge of the subject is bounded by the case in hand, willing and anxious to assume all responsibilities and take all risks, for obtaining this strange gratification. The hospital superintendent who will the most readily yield to such importunities, backed by, perhaps, the most degrading intimations as to the grounds of refusal, will be the most popular. Like the medical practitioner who allows his patient to have his own way as to diet and regimen, he will be deemed and loved as a very indulgent physician. The temptation of the selfish heart to yield, after half a dozen or more pressing solicitations, connected with insinuations which the superintendent is naturally desirous to meet by the easy demonstration of their falsity, is very strong. This fact ought to be recognized by the friends of the patients, and they should respect his judgment when he opposes their wishes at the cost of pain to himself. Yet probably not one person in fifty would ever have a pang at the reflection that his pertinacity had destroyed or materially lessened the chances of restoration to a loved relative!

After a life devoted thus far almost exclusively to this specialty, were there are any one counsel which I would impress on any one who may be called to this trust, it would be to stand firm to his convictions on this greatest item of moral treatment. Receive no patient where only a half confidence in your character as an honest and competent man is extended. Receive no patient whose friends are not fully cognizant of what duty demands of them in the way of co-operation. Thus assuming a sacred trust, discharge it fully by resisting unreasonable demands, or return it to the responsible friends by a dismissal of the patient. And should you live long enough, as I have done, to look over a catalogue of two or three thousand patients who have been under your care, you will be surprised to see how close a relation has obtained between recovery and a full, cheerful, patient co-operation on the part of friends. Such co-operation extends throughout every ward of an asylum. Each attendant, fit by intelligence and zeal for such duties, does not fail to perceive the waste of bestowing labor where the superstructure is at intervals to be dashed to the ground; and it is not in human nature to re-engage with earnestness and spirit in a task sure to prove abortive.

An erroneous impression prevails as to this system of separation from old associations calculated to keep fresh the disease. That is spoken of as a general rule which in fact is only applicable and applied to the probably recoverable classes of patients. Where a case is deemed

beyond cure, or is here merely for custody and as much comfort as possible, no objection is made to the correspondence or visits of proper friends. If such visits obviously kindle up the fires of disease, and subject an institution to great disturbance and expense, or, as is often the case, re-awaken a suicidal propensity, and thus involve the necessity of watching night after night, for weeks or months, it is but just that a proper understanding with friends should be had, or further care declined.

About closing my duties in this field, I shall be glad, by leaving a record of these solemn convictions of my best judgment and experience, to strengthen the hands of those who may come after me, in this most perplexing, as it is one of the most momentous incidents of the moral treatment of the insane.

CHOLERA, AS IT PREVAILED IN THE EASTERN LUNATIC ASYLUM, KENTUCKY, DURING THE SUMMER OF 1855.*—About the first of July, cholera invaded the Asylum for the fourth time, and, as heretofore, destroyed a large number of the inmates. Immediately after entering upon the duties of Superintendent, I endeavored to put the institution into the best possible hygienic condition, with a view to the preservation of health during the summer. The new building had but just been completed, and there was an immense amount of old material accumulated on different parts of the grounds; these were removed and, in every possible instance, devoted to useful purposes. As cholera made its appearance in the city at a very early period of the season, I became still more solicitous to put our house in order, and to remove every cause that might be thought capable of favoring the development of this terrible malady. A careful attendant, assisted by a number of stout patients, was constantly employed cleaning, whitewashing, and removing every perceptible source of miasma. All my spare time was devoted to a personal superintendence of this labor, which I regarded as of the utmost importance. At the same time special directions were given to all who had charge of patients, to be more than ordinarily watchful, and to give immediate notice of any tendency to derangement of the bowels which they might observe. There was considerable complaint in this respect during the month of June, which induced me to direct a modification of the ordinary diet; to which, in fact, special attention was given throughout the summer.

About the first of July, to our grief, we were called to minister to a number of well-marked cases of cholera. Apparently they were as

* From the Annual Report of the Superintendent, Dr. W. S. Chipley, to the Board of Managers.

severe as those cases which terminated fatally in the latter part of the month. Several became pulseless and icy cold; the skin was shriveled, the surface of the body blue, the tongue and breath cold; and yet, of some twenty-five cases that occurred between the 1st and 20th of July, not one proved fatal.

From the 20th to the 24th not a case occurred, and we began to felicitate ourselves that the disease had passed away and left us in the enjoyment of perfect health. On the 24th our daily visit discovered but one case of acute disease in the house—a case of consecutive fever. It was, however, but a deceitful calm—before twelve o'clock at night five patients fell victims to that relentless malady, whose mysterious footsteps have more than once encircled the globe, and which has proven to be the most destructive scourge that has ever afflicted our race. I now appreciated the melancholy circumstances in which we were placed, and, by reference to the past, anticipated many of the gloomy scenes we were destined to witness. Every effort was made to prepare for the worst. As the disease became more virulent and fatal, I carefully examined the condition of all the members of our family, and found that several might be at once discharged without detriment to themselves or injury to society, and thus be removed from danger. Most of these had recovered and only awaited the lapse of sufficient time to guarantee that the cure was real and not merely apparent; of the number discharged only one subsequently contracted the disease and died at home. I am satisfied that several lives were saved by permitting these persons to return to their friends; they were competent to appreciate the danger, and gave evidence of the strongest apprehension.

Few of our inmates escaped an attack, and thirty-four perished. It is, however, worthy of remark, that, of all those who were the subjects of the malady before it assumed a malignant aspect, not one suffered a second time. If the disease proved less fatal to the insane this season than in former years, it was quite the reverse with the employees in the institution. Nurses were procured with much difficulty, and not at all until our regular corps of assistants were worn down with fatigue and want of rest, and, when attacked, their powers of resistance seemed to have been altogether exhausted. Of twenty employees we lost seven—two female attendants, one male attendant, the assistant matron, the gardener, the baker, and the watchman. Besides these, several deaths occurred among those who came to our help in the hour of trial, and, as the result proved, periled their lives in the cause of humanity.

Few persons remained in the house twenty-four hours without an

attack. Dr. Steele was occupying the place of our regular assistant, who was absent, recruiting after a very severe attack of typhoid fever; Drs. York, Clark, and Proctor, who had just taken their degrees in Transylvania University; and the Rev. Mr. Adams and Mr. Fox, medical students, with that noble self-sacrificing impulse so eminently characteristic of medical men, immediately volunteered their services, and rendered us valuable aid. Of all these gentlemen, Dr. Clark alone escaped an attack, and one of them, Dr. York, died. Dr. York did not remain in the institution more than twenty-four hours, when he returned to the city, with symptoms of the disease upon him, and died the next day, a martyr to the cause of humanity.

I scarcely know in what terms to acknowledge my obligations to these gentlemen: night and day they devoted themselves to ministering to the sick, and in observing the first symptoms of disease in those who were apparently well. In conjunction with the attendants, they visited all the inmates in their rooms at stated periods during the night, in order to detect the first symptom of the malady, and thus be enabled to meet the disease at the very outset. I have reason to believe that several lives were thus preserved. But a single patient died without treatment and unattended: this person, one of the most miserable at that time in the Asylum, was visited in the regular rounds, as late as at two o'clock, A. M., and neither her appearance nor that of the chamber gave any evidence of the disease, yet she was found dead in the morning, at the usual hour of rising. I allude to this case as an instance of the rapid and malignant character of the malady.

It is proper that I should state, that one temporary nurse died in the institution after several days' service, and that an estimable lady, who took charge of one of our vacant wards, returned to the city, after the lapse of only twenty-four hours, and died the following day; another lady took her place, remained three days, and also returned to the city and died. Thus we lost three attendants from a single ward, while only one patient died in that part of the house.

Three negroes perished in the Asylum, and one who left the house died in the city.

Of all the officers and employees I cannot speak in terms of praise that would be entitled to be considered as extravagant. One only was induced to leave the institution at an early period, but no persuasion could prevail with another to leave his post. Many of them were sought by their anxious friends from the city, and the most earnest appeals were made to induce them to return from the Asylum, but without effect. To such appeals one of them replied: "No consideration would induce me to assume the post I now occupy during the

prevalence of this terrible disease. I now believe I shall contract the malady, and that I will perish of it; but I will not desert the poor creatures committed to my charge. If I must die, I will perish in the faithful discharge of my duty." Such was the self-sacrificing spirit that actuated all, and which entitles them to the highest commendation. He who uttered the noble sentiments I have alluded to met the fate he anticipated—he died at his post, sincerely lamented by all who knew him.

It would be useless to speak of those who died, individually; they were among our most competent, faithful, and conscientious employees. Some of them had been connected with the institution, and approved themselves worthy, for many years—one estimable lady entered our service, from a neighboring state, only a few weeks before her death; all exhibited a heroic devotion to duty, not a shade inferior to that which animates the hero amid the fearful scenes of the bloodiest battle-field.

I have already mentioned to you the names of several patients who were active and zealous during all the period of our distress—for a considerable time three wards were attended, almost exclusively, by these, and I could not but be surprised and gratified with the evidences of judgment and discretion which they exhibited.

The temporary nurses, employed for the special occasion, deserve some mention, as they exhibited more than ordinary courage in assuming their dangerous positions, and were generally faithful and zealous in the discharge of their duties.

The question has been frequently asked, why cholera so uniformly assumes a malignant form, in its visits to this institution. I have sought with great solicitude the solution of this problem. I have looked into the history of the institution as connected with this disease; have carefully inspected every portion of the grounds and buildings; have given special attention to the habits and diet of the inmates; in a word, I have sought for light from every source, and I am thoroughly convinced that the malady is not of local origin. But I am as fully satisfied that there are circumstances at present connected with the Asylum that will ever render this malady more fatal than it would be, if the proper remedies were applied. I have not a doubt that an ample supply of pure, soft water will materially lessen the mortality of cholera, should it ever again visit the institution. We have an abundant supply of water, but it is very strongly impregnated with limestone, and rarely fails to produce severe purging with new patients from other counties. In many cases where a cathartic is indicated at the time of admission, we defer its administration until the effect of the water is

ascertained. In a majority of cases it supersedes medicine. When cholera is produced by that mysterious agency which has, up to the present, eluded detection, it is but reasonable to expect the habitual use of such water to promote the tendency to purging, which is one of the main features of the malady. I have reason to believe that other impurities have found access to the stream, within a very recent period and from a source that cannot be removed but at considerable cost; but there is another method by which the evil may be abated very cheaply. It has been ascertained, by several experiments in different parts of the city, that there is an abundant supply of very pure and delicious water underlying the limestone strata; and there are now several such wells in the city, each of them yielding daily more than a sufficient amount of water to supply the demands of this institution.

THE ABENDBERG HOSPITAL FOR CRETINS.* By J. HUTCHINSON, F. R. C. S. L.—I had the pleasure yesterday of paying a visit to the Abendberg Hospital for Cretins—an institution which I had long wished to see, and of the present state of which I am inclined to think that a short account may, perhaps, be acceptable to your readers. Although commenced but fourteen years ago, it was then the first hospital for idiots that the world had possessed, and to its example we are indebted for the several establishments of a somewhat similar character which have since come into life. It is not my purpose, however, to occupy your pages with any account of its formation, or of the reasons which induced its benevolent founder to undertake the work, but simply to give a brief report of a personal inspection of its wards.

Early on Saturday morning, July 21, I left Interlachen, in order to climb the Abendberg, a mountain the foot of which comes close to the town. High up upon its side the Cretin Hospital was already distinctly visible, and an hour and a half of steepish ascent brought me to its door. The reader must not suppose, from the use of such words as "hospital," "wards," etc., which, perhaps, from the force of habit, have escaped my pen, that the institution referred to bears any resemblance to those so designated at home. If he will imagine two or three Swiss châteaux of the larger class placed side by side and built into each other, he will have a pretty good idea of the exterior of Dr. Guggenbuhl's mansion. The heights of the Abendberg are at a great elevation, and the prospect commanded from them is a most glorious one, comprising the vale and town of Interlachen, the lakes of Brienz and

* From the *Medical Times and Gazette*.

Thun, and the Bernese Alps, with the snow-clad Jungfrau, in a panorama not easily surpassed.

Dr. Guggenbuhl was at home, and with kind cordiality devoted a considerable portion of his morning to conducting me over the establishment.

The first room entered was the bath-room. In this were three girls, at ages varying from 6 to 10, apparently much enjoying their bath in a large tub of water, medicated by an infusion of aromatic and astringent herbs. This bath, I was told, was considered very efficacious in restoring muscular power, and was used once every day, or every alternate one, for about half an hour at a time. None of the three patients whom I saw could speak or stand, although they were all reported as improving, and had been under treatment for considerable periods. Passing from this room, we walked through the garden, and spoke to several children who were there engaged. One of them, a little girl of 8, presented a marked example of that form of the disease which is attended by a kind of solid edema of the cellular tissue. Her face was large and swollen, the lips and *alæ nasi* being especially thickened; the tongue a little protruded from the mouth; the arms and legs were twice their natural size, from subcutaneous hypertrophy. Her head was large, and nowise ill-formed; but she had a remarkably stolid, apathetic expression, and would not attempt to utter a syllable. She could stand, and, by holding to a rail, could walk a little. Dr. Guggenbuhl told me that she had been two years under treatment, that the swelling had greatly diminished, and that the evidence of awakening mental faculties was satisfactory. Returning to the house, we found the three children, whom we had left in the bath, undergoing the second part of their prescription. They were now laid, quite naked, on a couch, in the open air, the head alone being protected by an umbrella from the sun, whilst the limbs were rubbed by an attendant with oiled hands. I was particularly struck with the peculiar yellow-brown colour of the skin which these children presented in all parts of the body. It reminded me strongly of that which occurs in certain rare cases in England, which have been described by Dr. Addison as associated with disease of the supra-renal capsules. The peasantry of Switzerland generally have bad, earthy complexions, and exhibit quite exceptionally anything like healthy, florid coloration; but in none have I noticed the lusterless bronzing of the surface so marked as in these cretin children. That it did not depend upon exposure to the sun was evident from its uniformity, and from its being even more pronounced in those parts protected by the clothes than in the arms and face.

Our next visit was to the school-room. Here we found sixteen children, about two-thirds boys, employed in reading and writing. All these had been for periods of from two to eight years inmates of the establishment, and were advancing in convalescence. All could stand and walk, and some had attained sufficient muscular power to be able to run and to lift weights. The movements, however, even of the most advanced, were still clumsy and awkward.

Dr. Guggenbuhl, in answer to questions, told me that his treatment was always, in the first place, directed to improving the physical development of his patients before attempting anything in the way of teaching, and that generally from one to two or more years would elapse before it was thought desirable to admit a child into the school. At first, instruction would be given for half an hour daily, and then, by gradual steps, the period would be increased to three hours, beyond which latter it was rarely thought advisable to pass. I may confess that I was totally unprepared for the remarkable results which I witnessed in the school-room. Of the sixteen cretins present, with the exception of one who was blind from small-pox, all could read and write, more or less. Two or three of them bore in their countenances unmistakable evidences of mental power developed even to a certain degree of acuteness. All looked happy, and several of them remarkably so. As a proof that the institution is not a mere asylum, but may fairly claim for itself the title of a "*Hospital for the cure of Cretinism*," let me cite the case of one lad whom I found acting as a sort of monitor. Fritz Meier, now aged sixteen, a native of a village on the banks of Lake of Thun, and one of a family of cretins, entered the Hospital eight years ago, unable to stand or to speak, and in a state of complete mental imbecility. He is now a well-grown lad, of a not unpleasing expression of countenance, fairly muscular, and able to run, though with a certain awkwardness of gait. His head is of a natural size, and, as to form, peculiar only in being contracted across the forehead. He answers questions willingly, and is glad to be conversed with, always, however, requiring a little time to prepare his replies. He has mastered three languages, and showed me his copy-book, in which were written long *dictation* lessons in German, French, and English. Anxious to test his powers, and to see whether he had attained any confirmed ideas, I got him to read to me in an English book. The word "stars" occurring, I asked him to give me the French and German for it. "*Les étoiles*," "*die sterne*," were his ready replies. "Where do we see the stars?" I asked. "In the heavens at night." "Where do they go in the daytime?" "They are still in the heavens." "In the heavens!" said I, assuming an expression of astonishment; "then why don't we see them?" He

thought a while, and replied, "Because the sun is too bright." Although this lad was certainly the most advanced of those whom I saw, yet Dr. Guggenbuhl gave me to understand that his case had many parallels.

A considerable number of the patients were engaged out of doors in gardening or farm occupations, the whole establishment comprising between thirty and forty. The acquirement of competency for industrial occupations, especially those pursued in the open air, is very properly considered the most important end of the treatment, inasmuch as it will enable them in after-life to earn a livelihood.

In fear that I shall otherwise unduly lengthen this letter, I will endeavor to express concisely in detached fragments what is further to be said.

1. With regard to medicinal treatment, Dr. Guggenbuhl told me that he had often derived great benefit from the use of mild preparations of iodine. In some cases iodine appeared to be hurtful, by increasing the muscular atrophy. The iodide of iron in grain doses was a favorite prescription. Almost all the patients had taken cod-liver oil, beginning with one-dram doses thrice daily, and gradually increasing the quantity. In improving the nutrition and aiding the physical development, Dr. Guggenbuhl spoke strongly of the effects he had witnessed from the oil. Tonics of all kinds, more especially the vegetable ones, were in general requisition.

2. The popular notion that cretins have small heads and low foreheads is a fallacy. Dr. Guggenbuhl assured me that in his observation microcephalic cases are decidedly exceptional. Of those I saw most had larger heads than usual, and only two were noticeably below the average.

3. A narrowness in the width of the forehead Dr. Guggenbuhl has observed to be the most frequent departure from the normal conformation of the head. In not a few instances the occiput is remarkably wanting, while in others it is unduly large.

4. Irregularity about the arrangement, size, etc., of the teeth, is a very constant phenomenon, and was present in almost all the patients I saw. An undue arching and height of the palate was another remarkable and very constant condition. In one girl, to whose mouth Dr. Guggenbuhl directed my attention, the hard palate could not, I should think, have been less than an inch in elevation above the level of the gums. The whole upper jaw was contracted, and the deformity quite sufficient to suggest the idea that, in many cases, this malformation may constitute one of the causes of difficult acquisition of the faculty of speech.

5. Other deformities, such as club-foot, for instance, Dr. Guggenbuhl believes to occur with greater frequency among cretins than others.

6. None of the patients whom I saw were affected with enlargement of the thyroid gland, to any noticeable extent. Dr. Guggenbuhl told me that, in Switzerland, goitre rarely commences before the age of 15 ; he had, however, known cases in which it was congenital, and others in which it had begun in very early life.

7. The distinction held between an idiot and a cretin is, that in the former, mental imbecility may be complete, the muscular power yet remaining good, whilst, in the latter, not only is the mind wanting, but there is loss of innervation generally. In cretins, the whole nervous system is deranged. There is no actual paralysis, but such entire loss of muscular co-ordination that the limbs are useless. The muscles are atrophied to an extreme degree, and a cretin is usually much emaciated. The leanness of the rest of his body serves, by contrast, to increase the disgusting appearance presented by his swollen tongue, thick lips, etc. Two of the children under Dr. Guggenbuhl's care belonged, as he remarked, more strictly to the class of idiots than to that of true cretins.

8. With regard to the causes of cretinism, Dr. Guggenbuhl believed that they were of a general character, and not by any means always the same. Close, confined, humid situations, impure water, want of attention to cleanliness, frequent intermarriage, were, as he thought, the causes to which its prevalence in Switzerland must be referred. As to the effects of intermarriage, he entertained a very strong opinion, and I was glad to learn that he is collecting a body of evidence on the subject, with the intention, at some future time, of making it public. Respecting the opinion first suggested by Cantu, of Turin, and since prominently developed by Dr. Chatin, of Paris, that the disease depends upon deficiency of iodine in the water and atmosphere, Dr. Guggenbuhl, in answer to my queries, stated that he deemed it, as yet, "not proven." He knew of no facts which made it very improbable, and much wished that some Faraday would undertake an inquiry of so much difficulty, requiring so much philosophic caution. He considered that Dr. Chatin had advanced it with much more of positiveness than his facts warranted.

9. Dr. Guggenbuhl believes that there are at present not fewer than 10,000 cretins of various degrees in the Swiss cantons, and at least an equal number in Piedmont.

10. I asked particularly as to the permanency of improvement in the cases which had been treated in the Abendberg. Dr. Guggenbuhl told me that many had been discharged more or less completely restored, and that some of these had continued hitherto without relapse. He

believed that after the age of about fifteen, the cure was permanent, and that even if the patient returned to his home in the valley, he would generally remain without relapse. At more early ages, however, relapse is frequent. In many instances in which parents, pleased with the improvement obtained, had insisted on having their children home too soon, a return of imbecility had been the result. This had been so frequent that a rule had been made for the establishment, that no child should be admitted unless the parents would engage that it should remain there at least three years. Dr. Guggenbuhl had known but very few cases indeed in which cretinism had commenced *de novo* in adult life. It would appear, indeed, to be a chronic disease to which the nervous system is liable only during the pre-adolescent period, and which, in its early stages, may be efficiently counteracted by the removal of its exciting causes, and the adoption of proper treatment. Whatever may be the patient's condition at the period of adult age, so he remains through life, with the difference in the cases remedied; and the qualities which in the child excited only pity, become disgusting and loathsome in the man. I cannot conclude this letter without an expression of the pleasure which my visit to Guggenbuhl's exceedingly well-managed establishment gave me. A more instructive exhibition of earnest, devoted, and successful philanthropy I have rarely witnessed.

RULES OF THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND
HOSPITALS FOR THE INSANE,

Adopted at the Annual Meeting, held at London, 19th July, 1855.

1. *Objects.*—That the objects of the Association shall be the improvement of asylums and hospitals for the insane, the acquisition and diffusion of a more extended knowledge of insanity and its treatment, and the promotion of a free communication on these subjects between the members.

2. *Members.*—That the Association do consist of medical officers of hospitals and asylums for the insane, public and private, and of legally qualified medical practitioners, otherwise engaged in the treatment of insanity.

3. *Election of Members.*—That the election of members do take place by ballot at the annual meetings, a majority of two-thirds of those present being required for the election of each candidate.

4. *Annual Subscription.*—That each member pay an annual subscription of one guinea, the subscription to be due in advance, on the 1st of July in each year; the accounts to be made up to the 30th of June.

5. *Arrears.*—That any member in arrear of his subscription more than twelve months after the expiration of the year for which it becomes due, and more than three months after application by the Secretary for the same, shall cease to be considered a member of the Association, provided no reason satisfactory to the annual meeting be assigned for the non-payment of such arrears.

6. *Honorary Members.*—That gentlemen, whether of the medical profession or otherwise, who are distinguished by the interest they take in the erection and management of asylums and the proper treatment of the insane, be eligible for election as honorary members, the election to be by ballot, as in the case of ordinary members.

7. *Officers.*—That the officers of the Association do consist of a President, Treasurer, General Secretary, a Secretary for Scotland, a Secretary for Ireland, the Editor of the Journal, and two Auditors, who shall be elected at each annual meeting.

8. *President.*—That the President for the year do enter on his duties at each annual meeting, and that his successor be appointed before the meeting separates.

9. *Other Officers.*—That the Treasurer and Secretaries, Editor of the Journal, and one Auditor be eligible for re-election.

10. *Annual Meetings.*—That an annual meeting of the Association be held on one of the Thursdays in July in each year, at one o'clock: such meetings to be called both by advertisement and circular to each member, giving at least two weeks' notice.

11. *Committee.*—That the officers of the Association, with the President elect and the President of the past year, do constitute a Committee, with power to add to their number, which shall meet at twelve o'clock on the day of each annual meeting, in order to arrange the business of the day.

12. *Place of Meeting.*—That the annual meeting be held either in London, or, if so agreed at the preceding meeting, or after circular to each member, in some provincial town or city where, or in the neighborhood of which there is a public asylum, or where some other object is likely to attract the members.

13. *Adjournment of Meetings.*—That the annual meetings may be adjourned to a second day, if a majority of those present so decide.

14. *Order of Business.*—That after the minutes of the preceding meeting have been read, and the ordinary business transacted, reports from members appointed to prepare the same, and other papers and communications shall be received, and free discussion be invited on all topics connected with the objects of the Association. Each member to be allowed to introduce one visitor at the meeting. A report of the proceedings of each meeting to be published in the *Asylum Journal*.

15. *Finances and Asylum Journal.*—That after the payment of the ordinary expenses of the Association, the surplus funds shall be appropriated in aid of the *Asylum Journal*, published by authority of the Association; the accounts of the Editor of the said Journal and of the

Treasurer of the Association shall be examined by two Auditors, who shall report to each annual meeting. Each ordinary member of the Association to be entitled to receive the said publication without further payment.

16. *Register of Cases.*—That to insure a correct comparison of the results of treatment in the several institutions, it is strongly recommended to those members who have the superintendence of public asylums to keep registers of the cases admitted, according to the form agreed on at a meeting of the Association held at Lancaster in 1842; and to append to their respective annual reports, tabular statements on, as far as possible, a like uniform plan.

17. *Disuse of Obsolete Terms.*—That by members of the Association such terms as “lunatic” and “lunatic asylum” be, as far as possible, disused, and that, except for official or legal purposes the terms “insane person” and “asylum” or “hospital for the insane” be substituted; and that generally all terms having an opprobrious origin or application in connection with the insane be disused and discouraged.

18. *Alteration of Rules.*—That any member wishing to propose any alteration in, or addition to the rules, do give notice of his intention at a previous annual meeting, or give a month's notice to the Secretary, who shall inform each member of the Association of the same, in the circular by which such meeting is called.

(Signed)

JOHN THURNAM, *President.*

NATURE OF POVERTY.—It is worth while to look somewhat at the nature of poverty, its origin, and its relation to man and to society. It is usually considered as a single, outward circumstance—the absence of worldly goods; but this want is a mere incident in this condition—only one of its manifestations. Poverty is an inward principle, enrooted deeply within the man, and running through all his elements; it reaches his body, his health, his intellect, and his moral powers, as well as his estate. In one or other of these elements it may predominate, and in that alone he may seem to be poor; but it usually involves more than one of the elements, often the whole. Hence we find that, among those whom the world calls poor, there is less vital force, a lower tone of life, more ill health, more weakness, more early death, a diminished longevity. There is also less self-respect, ambition, and hope, more idiocy and insanity, and more crime, than among the independent.

The preponderance of mental defect and disease among the poor is unquestionably shown by the comparison of the number of lunatics and idiots in the two classes. None could for a moment suppose that the total of these classes, the independent and the pauper, are in this ratio.

The whole number of permanent and temporary paupers who were relieved or supported from the public treasury in Massachusetts, during the last year, was 23,125. At the same time the calculated population of the state was 1,124,676, of whom 1,102,551 were independent and self-supporting. These are in the ratio of 72.9 independent to 100 paupers. Comparing these ratios, we find that the pauper class furnishes, in ratio of its numbers, sixty-four times as many cases of insanity as the independent class.

This is not only a demonstrable fact in Massachusetts and Great Britain, and probably elsewhere, but it proceeds out of a principle which is fixed in the law of our being—that poverty is not a single fact of an empty purse, but involves in various degrees the whole man, and presents as many facts as there are elements of our nature that can be depreciated or perverted. Insanity is, then, a part and parcel of poverty; and wherever that involves any considerable number of persons, this disease is manifested.

When the poor become thus sick and dependent, although friends may, in some instances, be able and willing to step in and meet this expense, yet unfortunately they too are generally poor, and the public treasury is the only and the necessary resort for help; and especially when any one becomes insane, the town or the state necessarily assumes the burden. Moreover, as this disease, more than others, is lasting, it would more certainly exhaust any little gathered store of the poor and the power and the patience of friends; and then, if the lunatic is not at once thrown upon the public, he must ultimately reach that end.—*Jarvis on Insanity and Idiocy in Massachusetts.*

ELEVENTH ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN IN- STITUTIONS FOR THE INSANE.

Having failed to receive the usual announcement from the Secretary, we would remind the members of the Association that at the Tenth Annual Meeting, held in Boston, the "Association adjourned to meet in Cincinnati, Ohio, on the third Monday in May, 1856, at 10 o'clock, A. M."



